ANNUAL REPORT

for the year ending March 31, 2001

Ministry of Health and Social Services

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Prince Edward Island
CANADA

Message From The Minister

To the Honourable J. Léonce Bernard
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

It is my privilege to present the Annual Report of the Ministry of Health and Social Services for the fiscal year ended March 31, 2001.

Respectively submitted,

Jamie Ballem

Jamie Ballem
Minister
Health and Social Services

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The primary purpose of this report is to account to Government and taxpayers on the performance of the Department of Health and Social Services and health system in general. It also serves as a historical record and a vehicle to provide information on a very large and complex system which includes the Department and the five Health Regions of West Prince, East Prince, Queens, Southern Kings and Eastern Kings.

Each of the Health Regions also produce an annual report which focuses on activities, accomplishments, and initiatives specific to their own region, and provides further accountability to Government in addition to the residents they serve.

DEPUTY MINISTER'S OVERVIEW

The Honourable Jamie Ballem
Minister of Health and Social Services
Province of Prince Edward Island

Honourable Minister:

It is my pleasure to submit this annual report of the Health and Social Services System which highlights our work to promote, protect and improve the health and independence of Islanders.

While a tremendous amount of activity occurred during the year, this report attempts to highlight the events and initiatives which significantly impact our current and future performance.

Some changes have been introduced to the format of our report this year to help us be more accountable by measuring and reporting on program performance and client outcomes in several areas. The program profiles presented in this report are a first step toward increased accountability. In the coming years, we will be expanding the areas reported on, developing more performance indicators and including them in future reports.

One of the major highlights of 2000-2001 was the initiation of a strategic planning process to guide the current and future direction of our system. Based on consultations with MLAs, regional board members and senior staff, a draft plan was developed and preparations completed for broad public consultations on the draft plan. The completion of the strategic planning process during the coming year will help to align the many parts of our system to work together to improve our results and address critical issues facing the system over the next five-year period.

Our planning process is based on three principles ~ wellness, accountability and sustainability. These principles reflect our major priorities which are to maintain a primary focus on wellness and children's health; to measure and report to the public on our performance and outcomes; and to improve the sustainability of our system so that Islanders have continued access to quality programs and services.

Several major initiatives were implemented this fiscal year to improve sustainability. These included the approval of additional funding for front line staff and services, improvements in the way services are accessed and delivered, and strategic investments in wellness and children's health. The system continued to invest heavily in the recruitment of new employees and the retention of existing employees. This work will be supported in the future through a major study initiated this year to enable us to forecast and plan for the future supply and demand of our health and social services workforce. Major investments were also made in infrastructure and technology, including the construction of a new $50 million health facility in Summerside, planning to establish enhanced cancer treatment and diagnostic services at the Queen Elizabeth Hospital in Charlottetown, and continued investments in communications technology and health information systems.

Throughout the strategic planning process we heard repeatedly from employees and partner groups of the need to work effectively in partnership with communities, recognizing that health and social services are only one of the many factors that determine the health of Islanders. The early successes we are beginning to achieve through such partnerships as the PEI Tobacco Reduction Alliance will help to guide further collaborative initiatives to improve health outcomes based on credible research and evaluation.

In closing, I wish to express sincere appreciation to our employees, physicians and partners, a truly amazing group who continue to work tirelessly on behalf of our patients and clients, and often in a changing and stressful environment. It is the dedication, commitment and professionalism they bring to the workplace every day, that inspires public confidence in our system and the conviction to move forward with confidence to address our current and future challenges.

Respectfully submitted,

Rory Francis
Deputy Minister

OPERATING PRINCIPLES OF THE HEALTH and SOCIAL SERVICES SYSTEM

Mission

The mission of the health and social services system is to promote, protect and improve the health and independence of Islanders.

Vision and Values

The health and social services system is committed to promoting, protecting and improving the health of Islanders in partnership with Islanders.

Mandate

The mandate of the Department of Health and Social Services and five Regional Health Authorities is to provide for and deliver health and social services to the people of Prince Edward Island as set out in the *Health and Community Services Act* established October 1993 and subsequently amended in April 1997.

Beliefs

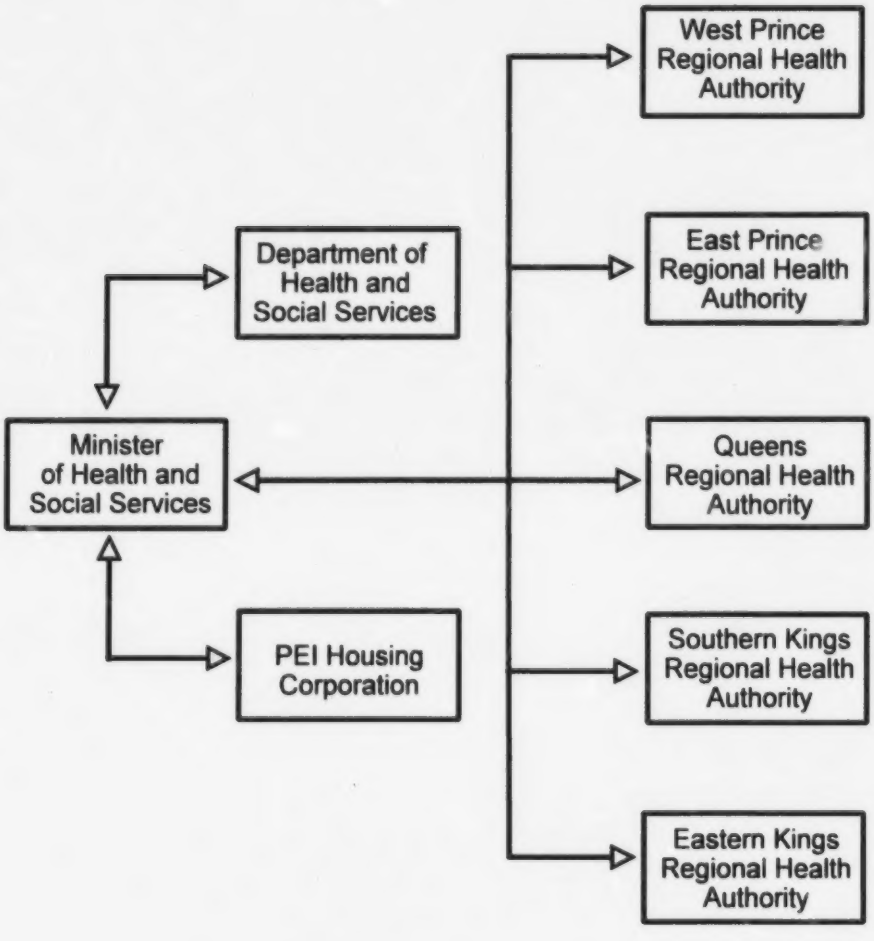
This commitment is built on the beliefs that:

- Healthy Islanders and communities are key to building a strong and viable future for the province.
- Quality health care depends upon the people who provide services.
- Planning and delivery of health and social services is based on principles of partnership, fairness, sustainability and accountability.
- Responsibility for health is shared by individuals, families, communities and government.
- Health is determined by a broad range of factors outside the health system including childhood development, economic and social conditions.
- The health system must provide an integrated range of health services within an efficient and effective administrative structure.

ORGANIZATIONAL STRUCTURE

PRINCE EDWARD ISLAND HEALTH AND SOCIAL SERVICES SYSTEM

AS AT MARCH 31, 2001


West Prince Regional Health Authority
East Prince Regional Health Authority
Queens Regional Health Authority
Southern Kings Regional Health Authority
Eastern Kings Regional Health Authority
Department of Health and Social Services
Minister of Health and Social Services
PEI Housing Corporation

103-00734

RESPONSIBILITIES OF THE MINISTER OF HEALTH AND SOCIAL SERVICES

The Minister of Health and Social Services is responsible for achieving acceptable results in Prince Edward Island in the following areas:

Jointly with individual citizens, families, communities, regional health authorities, physicians, other provincial government departments, non-government health care providers and health organizations:

- Health of citizens
- Individual, family and community acceptance of responsibility for health
- Impact of the physical and social environment on health of citizens
- Independence of citizens with physical, intellectual and financial disabilities
- The quality of housing in the province
- The quality of public policy affecting health of citizens
- Sustainability of the provincial health and social services system

Jointly with regional health authorities, physicians and health care providers:

- Quality of services and their impact on citizens
- Cost-effectiveness of health and social services
- Patient, family and client satisfaction
- Equitable access to health care and social services
- Health, safety and dignity of those under care
- Workplace wellness and morale of provincial and regional health care and social services providers and staff
- Occupational health and safety of staff and volunteers
- Public confidence in the health and social services system

And is responsible for:

- Quality and performance of provincial and regional health care and social service providers and staff and their conduct of health business
- Physician / health care provider confidence in the PEI health and social services system
- Relations with other governments, stakeholders and agencies
- Quality of monitoring of health outcomes and health and social services system performance
- Condition of health and social services system facilities and equipment
- Condition of health and social services system finances
- Compliance with government legislation and regulations
- Enforcement of assigned legislation and regulations

Such other responsibilities and obligations which are from time to time assigned by the Legislature and Executive Council

LEGISLATIVE RESPONSIBILITIES

Legislation administered by the Health and Social Services System for which the Minister of Health and Social Services is responsible:

		DIVISION LIAISON
1.	Adoption Act	Child, Family and Community Services
2.	Adult Protection Act	Acute and Continuing Care
3.	Change of Name Act	Finance, Admin. and Health Informatics
4.	Child Care Facilities Act	Child, Family and Community Services
5.	Chiropractic Act	Corporate Services
6.	Community Care Facilities and Nursing Homes Act	Acute and Continuing Care
7.	Consent to Treatment Act	Acute and Continuing Care
8.	Dental Profession Act	Public Health and Evaluation
9.	Dietitians Act	Acute and Continuing Care
10.	Dispensing Opticians Act	Corporate Services
11.	Donation of Food Act	Public Health and Evaluation
12.	Drug Cost Assistance Act	Acute and Continuing Care
13.	Family and Child Services Act	Child, Family and Community Services
14.	Health and Community Services Act	Corporate Services
15.	Health Services Payment Act	Medical Services
16.	Hospital and Diagnostic Services Insurance Act	Medical Services
17.	Hospitals Act	Medical Services/Acute & Continuing Care
18.	Housing Corporation Act	Child, Family and Community Services
19.	Human Tissue Donation Act	Acute and Continuing Care
20.	Licensed Nursing Assistants Act	Acute and Continuing Care

LEGISLATIVE RESPONSIBILITIES (Cont'd)

21.	Marriage Act	Health Informatics
22.	Medical Act	Medical Services
23.	Mental Health Act	Child, Family and Community Services
24.	Nurses Act	Acute and Continuing Care
25.	Occupational Therapists Act	Acute and Continuing Care
26.	Optometry Act	Corporate Services
27.	Pharmacy Act	Acute and Continuing Care
28.	Physiotherapy Act	Acute and Continuing Care
29.	Premarital Health Examination Act	Public Health and Evaluation
30.	Provincial Health Number Act	Health Informatics
31.	Psychologists Act	Corporate Services
32.	Public Health Act	Chief Health Officer
33.	Rehabilitation of Disabled Persons Act	Child, Family and Community Services
34.	Social Work Act	Corporate Services
35.	Tobacco Sales to Minors Act	Public Health and Evaluation
36.	Vital Statistics Act	Health Informatics
37.	Welfare Assistance Act	Child, Family and Community Services
38.	White Cane Act	Child, Family and Community Services

NOTE: Two other statutes that are private members Bills are not in the Province's Official Consolidation but are considered to be within the responsibility of the Health and Social Services Ministry:

- Dental Technicians Association Act
- Funeral Directors and Embalmers Act

YEAR IN REVIEW

During the year 2000-2001, the health and social services system strove to meet the continuing challenge of rising costs and demand while maintaining access to quality services.

Expenditures increased in all major health program areas, while spending on social services remained relatively stable. Increasing costs are the result of inflation, costly new drugs and technology, and increased demand for services by all age groups.

The system remains concerned about its ability to sustain the current high rate of growth in spending, increasing demand for human resources, and the need for capital investments in technology and infrastructure.

To address these challenges, a comprehensive strategic planning process was initiated to set strategic direction for the system for the next five years. The draft plan called for strategies to improve the sustainability of financial and human resources, to increase the monitoring and reporting of system performance and client outcomes, and to address rising demand for services through increased investments in wellness and children's health.

Wellness

Several wellness initiatives were implemented this year to assist Islanders to prevent health problems and accept more responsibility for their own health.

Recognizing that smoking is a key risk factor for chronic illness, the system continued to work in partnership with the PEI Tobacco Reduction Alliance to prevent and reduce smoking, especially among youth. A new quit smoking phone line and program were introduced, and nicotine addiction counselling programs were established within all addiction services in the province. A smoke-free homes campaign was implemented to address high rates of exposure by children to second-hand smoke. The Alliance continued to offer school-based smoking prevention and cessation activities. Early indications are that these programs are meeting with considerable success.

Development and implementation of a provincial diabetes strategy continued through several primary prevention programs in Island schools, communities and workplaces.

The Department provided assistance in developing health education programs for the PEI Breast Cancer Information Partnership, the PEI Breastfeeding Coalition, Women's Network and the elementary school system.

Partnerships continued with the PEI Medical Society and AIDS PEI to prevent the spread of HIV from mother to child during pregnancy.

Utilization of the Health Information Resource Centre (HIRC) increased significantly from 15,600 requests for information last year to 27,200 requests this year. People are using this service to increase their knowledge about health issues and problems, to care for themselves, and to take greater control in decisions affecting their health and health care.

A PEI Seniors Web Site was established during the year to respond to requests by seniors and families for timely access to coordinated information on services for seniors.

YEAR IN REVIEW - Cont'd

A major public education campaign was launched to increase awareness that cervical cancer can be prevented through regular Pap screening. A Pap Screening Advisory Committee was also established to recommend a provincial screening program to address the high rates of cervical cancer in the province.

Recognizing that diet and nutrition are directly related to chronic disease, several major nutrition programs were reviewed and updated during the year, including community nutrition services policies, prenatal nutrition programs, the PEI Nutritious Food Basket and the nutrition component of the elementary school health curriculum.

New woman abuse protocols were developed to assist emergency room and income support workers provide appropriate response to victims of abuse at the earliest point. Workplace violence prevention initiatives were also implemented to increase awareness of the impact of domestic violence on the workplace, prevent workplace violence, and to increase supports to Islanders affected by family and workplace violence.

Several public health initiatives were implemented to protect the health of Islanders. These included the development of improved swimming pool regulations, West Nile Virus surveillance and public awareness campaigns on raccoon rabies.

During its first year of operation, a tremendous amount of activity occurred within the new PEI Health Research Program to increase our understanding of the prevention and treatment of chronic disease and to leverage national research funds for local researchers. Located at UPEI, the program is funded by the Government of Prince Edward Island. During the year, $385,000 in multi-year funding was approved for nine research projects, which generated an additional $478,000 in match funding from national agencies.

Healthy Child Development

A new provincial healthy child development strategy was released in November 2000 to support partnerships for children among governments, communities and organizations. The strategy attempts to improve outcomes for children in four goal areas: safety and security, good health, success at learning, and social belonging and responsibility. An extensive amount of organizational and developmental work occurred during the year to support the further implementation of the strategy, including the appointment and orientation of a Premier's Council on Healthy Child Development, a Children's Secretariat and a Children's Working Group. Each year, the Council will publish an annual report and host a think tank on healthy child development.

Departmental and regional staff continued their partnership with the PEI Breastfeeding Coalition to promote breastfeeding as the cultural norm and ideal choice for infant feeding in the province.

Major new child protection legislation was introduced during the year to protect Island children from abuse and neglect and support the best interests of children. The new act received Royal Assent in November 2000. Regulations are now being drafted, and an implementation plan is being developed to support the proclamation of the new act.

YEAR IN REVIEW - Cont'd

Development of a comprehensive children's mental health services network continued during the year. The objectives of the coalition are to expand children's mental health supports, professional resources, education supports for families, and integrated government and community mental health services for children. A provincial coordinator was hired to coordinate requests for psychiatric consultations. Access to child psychiatry services at the IWK Grace Health Centre was increased using telehealth modalities.

Fetal, maternal, newborn and family health continued to be enhanced through the new prenatal psychosocial assessment which was developed to identify psychosocial risks to mom and baby during pregnancy and provide early interventions. Education programs were provided to public health nurses on early assessment of mothers and newborns. Reproductive Care Program staff also continued to participate in a multi-year study to examine the relationship between indoor air quality and infant health.

A comprehensive review of prenatal health education in the province was completed, and the recommendations released in the May 2000 report ***Services for Parents and Newborns***. Based on the recommendations, fees for prenatal classes were eliminated, educational standards were developed and public health nursing education programs were enhanced.

Progress continued on the development of a new Supported Adoptions Program to encourage and secure the adoption of children with special needs who are in the care of the province. During the year, regulations were drafted, and policy development and staff training continued. The new program is expected to be operational in Fall 2002.

A series of public health clinics was completed in June 2000 to immunize all Island children against chicken pox. Prince Edward Island was the first province to add this vaccine to its provincial immunization program.

A project was initiated during the year to create an integrated continuum of services for youth and protocols from which all services working with youth can operate. Through joint planning and agreed upon service priorities, the intent of the new Youth Integrated Service Protocol is to improve the use of resources and improve outcomes for youth.

Access to Services

A new Out of Province Medical Transport Support Program was introduced in April 2000 to assist Islanders with the high cost of ground ambulance services. Through the program, the user fee was reduced to $130 for eligible residents, down from the previous charge of $550 to a Moncton Hospital and $800 to a Halifax hospital. New agreements were also reached with Prince Edward Island ground ambulance operators, and with Nova Scotia for the provision of emergency air evacuation services.

Work progressed during the year to improve access to supports by persons with disabilities through the development of a new provincial Disability Support Program. The new program, expected to be operational in Fall 2001, will encompass services now offered through the Employability Assistance Program for Persons with Disabilities (EAPD), the Family Support Program and the Financial Assistance Program.

YEAR IN REVIEW - Cont'd

Access to provincial drug programs was significantly enhanced through a major reorganization of the provincial pharmacy. Beginning in May 2000, more than 30,000 prescriptions were transferred from the Provincial Pharmacy in Charlottetown to the 39 community retail pharmacies across the province. This reorganization now enables more than 13,000 clients to access their medications directly from their local pharmacy, rather than receiving them through the mail or travelling to Charlottetown to pick them up.

Major progress was achieved in the planning process to construct a new $50 million health facility in Summerside. The Architectural Design Phase was completed in January 2001. Plans and specifications were issued for costing. The target date to begin construction is Spring 2001.

Progress continued to implement a French Language Services plan for the health and social services system. The plan will result in the availability of service delivery in both languages in the West Prince, East Prince and Queens Health regions. During the year a permanent coordinator position was created. The Departmental implementation plan was completed and approved, and the number of bilingual positions increased. Preparations began to develop and execute regional plans to support the implementation of the province's new *French Language Services Act*.

Planning continued for the development of new addiction treatment programs for women and problem gamblers. The focus of the women-specific program is to increase abstinence from addictive chemicals and improve quality of life for women and families. It will be offered from the provincial addictions centre in Mount Herbert. The goal of the gambling treatment program is to move clients to a gambling-free lifestyle and improve quality of life for clients and families. This program will be offered in each of the health regions.

Planning began to develop a new home care delivery model which will meet the changing needs of Islanders and support the delivery of care in the most appropriate setting. A planning committee was established, and consultations were held within the system on a new five-year home care strategy to be completed in the next fiscal year.

The Department of Health and Social Services and Queens Region Health continued their partnership with Veterans Affairs Canada in the Integrated Services for Seniors Project to develop a responsive, cost-effective and convenient model of service delivery for seniors and veterans in the Queens County area. Through the project, the partners are exploring common access points, client screening and assessment approaches, service delivery collaboration, and information sharing between jurisdictions.

In April 2000, Government announced it would enhance cancer treatment services in the province through the establishment of Linear Accelerator services at the PEI Cancer Treatment Centre. An impact analysis and functional plan were initiated, and the new service is expected to be available in 2002.

Also in April, Government announced it would establish Magnetic Resonance Imaging (MRI) services in Prince Edward Island. A planning committee was established. An impact analysis was completed and a functional plan is now being finalized.

YEAR IN REVIEW - Cont'd

Long term care funding was increased in several areas to address rising costs and demand. The daily subsidy for residents of long term care and community care facilities was increased by $10. The monthly comfort allowance for subsidized long term care residents was also increased from $82 to $103, the first increase since 1992.

Implementation of a three-year mental health service delivery plan began during the year with the development of a provincial crisis response system. The new system will ensure prompt and appropriate response to patients in crisis; ensure appropriate use of psychiatric beds and services; support family physicians in the treatment of their patients; and bridge the gap between hospital and community based services. This work will be followed by the expansion of community based services, including outreach and follow-up programs and the inclusion of clients and families in the delivery of mental health services and educational initiatives.

Effective April 2000, the coverage of Betaseron (Interferon beta-ib) was included under the MS Drug Cost Assistance program for the treatment of both relapsing-remitting and secondary progressive multiple sclerosis.

A comprehensive provincial review of dialysis services was completed. The recommendations are now being used to support the provision of quality, cost-effective services to patients with acute and chronic renal failure.

Several initiatives were undertaken during 2000-01 to improve the delivery of palliative care services. The Department and the Southern Kings and East Prince Health regions participated in an 18-month Health Canada pilot project to develop, implement and evaluate a palliative rural home care model. The recommendations of the project, completed in January 2001, are now being used to develop a provincial community based palliative care model, along with learnings from the West Prince Telehospice project, the Provincial Palliative Care Advisory Committee and the Island Hospice Association.

Several initiatives were undertaken to improve the organization and delivery of primary care, including the addition of a clinical component at the Four Neighbourhoods Community Health Centre. A primary health care fund was established to support primary care redesign, and several submissions were received from physicians wishing to increase collaborative practice in their care settings.

Following the announcement by the Salvation Army to cease operations at the Sunset Lodge, a transition team was established to replace the long term care beds in new or existing facilities, and to assist residents, families and staff through the transition period.

YEAR IN REVIEW - Cont'd

Human Resources

A major $9.5 million strategy was announced in May 2000 to recruit new nurses and retain nurses now working in the province. The strategy included funding for 60 new permanent registered nursing positions, initiatives to improve quality of work life for nurses, and incentives for nurses to relocate and remain in the province. The strategy produced several positive results during the year, including the creation of 27 new positions; the establishment of a new nurse recruiter position; recruitment of 27 new nurses to the PEI health system; the employment of 28 nursing students for an eight to 12 week period in Island health facilities; the acceptance of 24 nursing students into a sponsorship program with the health regions; and the creation of summer employment for 133 students in the health system as part of the new Health Care Futures program.

The $4.2 million physician recruitment and retention strategy announced in February 2000, also produced positive results. A provincial physician recruiter and a medical education coordinator were contracted. Two seats were purchased at Memorial University Medical School for PEI use. During the fiscal year, 12 return-in-service grants were provided, 13 moving expense allowances, and several other medical student grants awarded. The new Locum Support program resulted in the recruitment of 38 locum physicians to the province to fill temporary positions.

Several human resources planning initiatives were initiated, including the development of a HR planning template, a comprehensive training and development policy, workplace wellness initiatives and strategies to facilitate recruitment to positions which are difficult to fill. A major Human Resource Supply and Demand Analysis was also initiated in partnership with the Department of Education, Human Resources Development Canada, and private health sector partners. The analysis will provide a profile of current providers; identify supply, demand and training issues over the next five years; and provide a dynamic forecasting model to plan for the future needs of the health and social services workforce.

Nursing workforce development planning continued to ensure an appropriate future supply of nurses in the province. Highlights included discussions between the Departments of Health and Social Services and Education, and UPEI to expand the number of seats in the UPEI nursing program. A Nursing Resource Advisory Committee met to recommend enhancements to nursing work life. Finally, a three-year project was initiated to develop a needs-based projection model for nursing resources.

Negotiations continued during the year to reach a new master agreement with physicians. A three-year contract was signed with International Union of Operating Engineers in February 2001. Preparations and negotiations also began with UPSE Health, whose contract expired in March 31, 2000, and Union of Public Sector Employees Civil Service, and Canadian Union of Public Employees whose contracts expire in March 2001.

YEAR IN REVIEW - Cont'd

Information Technology

During the year, government continued its commitment to invest in communications and information technologies to improve quality and access to health and social services.

Major progress was achieved to implement the Common Client Registry (CCR) application, which is the central repository of demographic information on all clients of the health and social services system. This database includes core demographic information such as client identifier, name, address, date of birth, eligibilities and encounters. It will enable service providers to quickly access information and keep it current at all times. Implementation is expected to be complete in the coming fiscal year.

Planning began in 2000-01 to implement a major case management information system which will allow service providers to electronically access and share information on clients. When fully implemented in four years time, this application will enable authorized providers to access information on previous service encounters, develop care plans and monitor client outcomes.

A new *Pharmaceutical Information Act* was passed during the year to provide for the capture of all prescription drugs dispensed in the province, and to provide medication profiles to physicians and pharmacists. Implementation will begin with retail and hospital pharmacies and emergency rooms, and then expand to physician sites.

Progress continued to implement a provincial Radiology Information System which will provide access to patient files at any of the seven acute care facilities in the province. Progress also continued to implement a Picture Archival and Retrieval System (PACS) by 2004. The system will enable the electronic transfer of digital radiographic images among hospitals provincially and interprovincially. The new system will facilitate remote consultation, and improved utilization of radiology resources and professionals.

A major funding proposal to Health Canada was developed during the year by the four Atlantic provinces to collaborate on the development of health infostructure in the areas of case management, common client registry, and picture archival and retrieval. The Atlantic provinces also worked together to develop common standards in these areas in partnership with the Canadian Institute for Health Information (CIHI).

New standards for classifying disease, health problems and interventions were implemented during the year. PEI is one of five provinces to implement the new ICD-10/CCI standards for coding all hospital inpatient discharges.

Planning began to implement a new maternal child health information system to support services accessed by mother and child from pregnancy until the child reaches 18 years.
Planning was also completed to implement a new children's dental health information system.

YEAR IN REVIEW - Cont'd

A major review of the provincial Island Health Information System wide area network began during the year to ensure it is able to support future applications, and security systems were tested successfully.

Planning began to implement a major upgrade to the GroupWise system which enables employees to communicate electronically with each other. The upgrade will include new standards, policies and procedures, support systems and infrastructure.

Accountability

The health regions were involved in extensive preparations for national accreditation surveys scheduled for June 2001. Conducted by the Canadian Council on Health Services Accreditation (CCHRA), the accreditation process is one of the most comprehensive accountability tools available to measure and report the performance of the health regions against national standards. The process, completed every three years, includes a self-assessment and external review.

Several program evaluations were conducted by the Department during the year to support continuous improvement, evidence-based decision-making, and improved accountability. These included evaluations of the tobacco reduction strategy, the provincial diabetes strategy, addictions programs, prenatal assessment, seniors mental health and several other programs.

The Department's Results Measurement Unit continues to work with the regions to develop indicators to measure system performance and health status in three main areas: reporting on the 14 required federal/provincial/territorial health status, outcomes and services indicators; 26 provincial indicators to measure progress toward provincial health goals; and 26 provincial client outcome, service access, client and staff satisfaction indicators.

This was the second of a three-year program to move to combined elected and appointed regional health boards to ensure that the boards are accountable to the communities they serve. When completed in December 2001, the majority of members on each board will be elected.

BILAN DE L'ANNÉE

Au cours de l'année 2000-2001, le réseau de la santé et des services sociaux s'est efforcé d'affronter le problème continuel que représente la hausse des coûts et de la demande tout en maintenant l'accès à des services de qualité.

Les dépenses ont augmenté dans tous les grands secteurs des programmes de santé, alors qu'elles sont demeurées relativement stables pour ce qui est des services sociaux. L'augmentation des coûts est attribuable à l'inflation, au coût élevé des nouveaux médicaments et des nouvelles technologies et à l'augmentation de la demande de services pour tous les groupes d'âge.

Le réseau se demande toujours comment il fera pour se maintenir devant l'actuel taux d'accroissement élevé des dépenses, l'augmentation des besoins en ressources humaines et la nécessité d'engager des dépenses pour la technologie et l'infrastructure.

Pour relever de tels défis, un grand processus de planification stratégique a été mis en oeuvre pour établir la direction stratégique que suivra le réseau au cours des cinq prochaines années. Dans le projet de plan, on réclame des stratégies pour améliorer la viabilité des ressources financières et humaines, accroître la surveillance du rendement du réseau et des résultats pour la clientèle ainsi que l'obligation de rendre compte à ces égards et répondre à la demande croissante de services en augmentant les investissements au titre de la santé des enfants et du mieux-être.

Le mieux-être

Plusieurs initiatives en matière de mieux-être ont été mises sur pied cette année dans le but d'aider les Insulaires à prévenir les problèmes de santé et à les encourager à s'occuper davantage de leur santé.

Reconnaissant que le tabagisme est un facteur de risque important des maladies chroniques, le réseau a continué de travailler en partenariat avec la PEI Tobacco Reduction Alliance à la prévention et à la réduction du tabagisme, surtout chez les jeunes. Un nouveau programme et une ligne téléphonique pour venir en aide aux gens qui veulent cesser de fumer ont été mis en place et des programmes de conseils sur la dépendance à la nicotine ont été créés dans tous les services de toxicomanie de la province. Une campagne de promotion des maisons sans fumée a été lancée dans le but de réduire le taux élevé d'exposition à la fumée secondaire chez les enfants. L'alliance continue de tenir dans les écoles des activités de prévention du tabagisme et du renoncement au tabac. Selon les premiers résultats, de tels programmes ont un succès immense.

L'élaboration et la mise en oeuvre d'une stratégie provinciale de lutte contre le diabète se sont poursuivies par l'entremise de plusieurs programmes de prévention primaire dans les lieux de travail, les écoles et les collectivités de l'Île.

Le ministère a participé à l'élaboration de programmes d'éducation en matière de santé destinés au Partenariat de l'Î.-P.-É. d'échange d'informations sur le cancer du sein, au PEI Breastfeeding Coalition, au Women's Network et aux écoles primaires.

BILAN DE L'ANNÉE - SUITE

Les partenariats établis avec la PEI Medical Society et AIDS PEI dans le but de prévenir la transmission du VIH de la mère à l'enfant pendant la grossesse ont été maintenus.

Il y a eu une utilisation accrue du Centre d'information et de documentation sur la santé. En effet, le nombre de demandes d'information est passé de 15 600 l'année dernière à 27 200 cette année. Les gens ont recours à ce service pour se renseigner sur des questions et des problèmes de santé, pour se prodiguer des soins et pour être en meilleure position de prendre des décisions qui touchent leur santé et les soins de santé.

Un site Web des aînés de l'Î.-P.-É. a vu le jour cette année pour répondre aux demandes d'information des personnes âgées et de leur famille qui veulent avoir accès au besoin à de l'information cohérente sur les services destinés aux aînés.

Une grande campagne d'éducation publique a été lancée dans le but d'accroître la sensibilisation au fait que l'administration à intervalles réguliers du test Pap permet de prévenir le cancer du col de l'utérus. Un comité consultatif sur le dépistage à l'aide du test Pap a été mis sur pied et chargé de recommander un programme de dépistage provincial afin de s'attaquer au taux élevé de cancer du col de l'utérus dans la province.

Étant donné qu'il est reconnu que des maladies chroniques sont directement reliées au régime alimentaire et à la nutrition, plusieurs grands programmes de nutrition ont fait l'objet d'un examen et d'améliorations au cours de l'année, entre autres, les politiques sur les services de nutrition communautaires, les programmes de nutrition prénatale, le panier à provisions nutritif de l'Î.-P.-É. et le volet nutrition du programme de santé dans les écoles primaires.

De nouveaux protocoles relatifs aux soins à accorder aux femmes victimes de mauvais traitements ont été élaborés afin d'aider les travailleurs des salles d'urgence et du soutien au revenu à réagir de façon adéquate en leur présence dès le premier contact. Des initiatives de prévention de la violence au travail ont également été mises en place afin de sensibiliser davantage les gens aux répercussions de la violence conjugale sur le travail, de prévenir la violence au travail et d'accroître l'aide accordée aux Insulaires qui sont touchés par la violence à la maison et au travail.

Des initiatives de santé publique ont été mises en place pour protéger la santé des Insulaires. Parmi celles-ci, il y a eu l'amélioration du règlement visant les piscines, la surveillance du virus West Nile et des campagnes de sensibilisation publique à la rage chez les ratons laveurs.

Au cours de sa première année d'existence, une grande activité s'est déroulée au sein du Programme de recherche sur la santé de l'Î.-P.-É. pour accroître notre compréhension de la prévention et du traitement des maladies chroniques et pour aller chercher des fonds de recherche nationaux pour nos chercheurs locaux. Logé à l'Université de l'Île-du-Prince-Édouard, le programme est financé par le gouvernement provincial. Cette année, des fonds de 385 000 $ échelonnés sur plusieurs années ont été approuvés pour neuf projets de recherche, ce qui a entraîné le déboursement en contrepartie de 478 000 $ en fonds supplémentaires par des organismes nationaux.

BILAN DE L'ANNÉE - SUITE

Développement sain des enfants

Une nouvelle stratégie provinciale visant le développement sain des enfants a été lancée en novembre 2000 afin d'appuyer les partenariats relatifs aux enfants entre les gouvernements, les collectivités et les organismes. La stratégie vise à améliorer les résultats pour les enfants dans quatre groupes d'objectifs : sécurité, santé, réussite scolaire, et appartenance et responsabilités sociales. Une énorme quantité de travail a été abattue pendant l'année sur le plan de l'organisation et du développement en vue de donner suite à la stratégie, entre autres la création et l'orientation du conseil du premier ministre sur le développement sain des enfants, du secrétariat pour les enfants et du groupe de travail sur les enfants. Chaque année, le conseil publiera un rapport annuel et réunira un groupe de réflexion sur le développement sain des enfants.

Le personnel du ministère et des régions ont poursuivi leur partenariat avec la PEI Breastfeeding Coalition qui vise à promouvoir l'allaitement maternel comme la norme culturelle et le choix idéal pour l'alimentation des nourrissons dans la province.

Une nouvelle loi importante visant la protection des enfants a été présentée au cours de l'année afin de protéger les enfants de l'Île contre les mauvais traitements et la négligence et de veiller à leurs intérêts supérieurs. La nouvelle loi a reçu la sanction royale en novembre 2000. Son règlement d'application est à l'étape de la rédaction et le plan d'exécution qui vise à appuyer la proclamation de la nouvelle loi est en voie d'élaboration.

La mise sur pied d'un réseau complet de services de santé mentale pour les enfants s'est poursuivie au cours de l'année. Les objectifs de la coalition sont d'accroître le soutien à la santé mentale des enfants, les ressources professionnelles, le soutien en éducation pour les familles et les services gouvernementaux et communautaires intégrés. Un agent provincial a été embauché pour coordonner les demandes de consultations psychiatriques. L'accès aux services psychiatriques pour enfants du centre de santé IWK Grace a été accru grâce aux modalités de télésanté.

La santé du foetus, de la mère, du nouveau-né et de la famille a continué d'être améliorée au moyen de la nouvelle évaluation psychosociale prénatale qui a été élaborée dans le but de cerner les risques psychosociaux auxquels sont exposés la mère et l'enfant pendant la grossesse et d'assurer des interventions précoces. Des programmes d'éducation ont été donnés aux infirmières de la santé publique sur l'évaluation précoce des mères et des nouveau-nés. Le personnel responsable du programme de soins gynégénésiques a également continué de participer dans une étude pluriannuelle du rapport entre la qualité de l'air à l'intérieur et la santé des nourrissons.

L'examen exhaustif de l'éducation sur la santé prénatale dans la province s'est terminé et des recommandations ont été publiées en mai 2000 dans le rapport intitulé ***Services for Parents and Newborns*** (services destinés aux parents et aux nouveau-nés). Pour donner suite aux recommandations, les frais d'inscription aux rencontres prénatales ont été supprimés, des normes de formation ont été élaborées et les programmes d'éducation des soins infirmiers de la santé publique ont été améliorés.

BILAN DE L'ANNÉE - SUITE

L'élaboration du nouveau programme d'aide à l'adoption qui a pour but de favoriser et d'assurer l'adoption d'enfants à besoins spéciaux qui sont sous la protection de la province a progressé. Au cours de l'année, un projet de règlement a été rédigé et l'élaboration d'une politique et la formation du personnel se sont poursuivies. Le nouveau programme devrait être opérationnel à l'automne 2002.

Une série de cliniques de santé publique a été tenue en juin 2000 pour vacciner les enfants de l'Île contre la varicelle. L'Île-du-Prince-Édouard a été la première province à inclure le vaccin anti-varicelle dans son programme d'immunisation provincial.

Un projet a été lancé au cours de l'année pour créer un continuum de services intégrés pour les jeunes et des protocoles qui guident tous les services qui oeuvrent auprès des jeunes. L'intention du nouveau protocole sur les services intégrés destinés aux jeunes est d'améliorer l'utilisation qui est faite des ressources et les résultats pour les jeunes par l'entremise d'une planification concertée et d'une entente sur les priorités des services.

Accès aux services

Un nouveau programme de soutien au transport des malades à l'extérieur de la province a été instauré en avril 2000 pour aider les Insulaires à payer les frais élevés pour le transport en ambulance. À ce titre, les frais d'utilisation ont été réduits pour être portés à 130 $ pour les résidents admissibles, soit une réduction du tarif antérieur de 550 $ pour le transport à un hôpital à Moncton et de 800 $ pour le transport à un hôpital de Halifax. De nouvelles ententes ont été prises avec les exploitants des services d'ambulance de l'Île-du-Prince-Édouard et avec le gouvernement de la Nouvelle-Écosse pour l'évacuation d'urgence par air des malades.

Les travaux se sont poursuivis au cours de l'année dans le but d'améliorer l'accès aux aides pour les personnes handicapées par l'entremise d'un nouveau programme provincial de soutien pour les personnes handicapées. Le nouveau programme, qui devait être opérationnel à l'automne 2001, regroupera des services qui sont actuellement offerts par l'entremise du programme d'aide à l'employabilité des personnes handicapées, le programme de soutien des familles et le programme d'aide financière.

L'accès aux programmes d'assurance-médicaments de la province a été grandement amélioré par suite d'une réorganisation importante de la pharmacie provinciale. À compter de mai 2000, plus de 30 000 ordonnances ont été transférées de la pharmacie de la province à Charlottetown aux 39 pharmacies de détail situées dans les localités d'un bout à l'autre de la province. Cette réorganisation permet maintenant à plus de 13 000 clients de prendre directement leurs médicaments à leur pharmacie locale plutôt que de les commander par la poste ou d'avoir à se déplacer à Charlottetown pour les prendre.

Le processus de planification de la construction d'un nouvel établissement de santé de 50 millions de dollars à Summerside a avancé à grands pas. La phase de planification architecturale a pris fin en janvier 2001. Les plans et devis ont été émis aux fins de l'établissement des coûts. La date cible pour le début de la construction a été fixée au printemps 2001.

BILAN DE L'ANNÉE - SUITE

La mise en oeuvre du programme de prestation des services en français dans le réseau de la santé et des services sociaux s'est poursuivie. Le programme prévoit la prestation de services en français dans les régions sanitaires de Prince-Ouest, Prince-Est et Queens. Au cours de l'année, un poste de coordonnateur permanent a été créé. Le plan d'exécution du ministère est terminé et a été adopté, et le nombre de postes bilingues a augmenté. Les travaux préparatoires à l'élaboration et à la mise en oeuvre des plans régionaux à l'appui de la mise en vigueur de la nouvelle loi provinciale sur les services en français, *French Language Services Act*, ont commencé.

La planification de l'élaboration de nouveaux programmes de désintoxication pour les femmes et les joueurs à problème s'est poursuivie. Le programme destiné aux femmes vise principalement à accroître l'abstinence aux produits chimiques pouvant entraîner une dépendance et à améliorer la qualité de vie des femmes et des familles. Ce programme sera offert au centre provincial de désintoxication à Mount Herbert. L'objet du programme de traitement de l'obsession du jeu est d'amener les patients à adopter un style de vie sans jeu et d'améliorer la qualité de vie des clients et des familles. Ce programme sera offert dans chaque région sanitaire.

La planification d'un nouveau modèle de prestation de soins à domicile, qui répondra aux besoins changeants des Insulaires et appuiera la prestation de soins dans le milieu le plus adéquat, a été amorcée. Un comité de planification a été mis sur pied et des consultations ont été tenues au sein du réseau sur une nouvelle stratégie quinquennale de soins à domicile à laquelle on mettra la dernière main au cours de la prochaine année financière.

Le ministère de la Santé et des Services sociaux et la Région sanitaire de Queens ont continué leur partenariat avec Anciens Combattants Canada dans le projet de services intégrés pour les aînés dans le but de mettre au point un modèle de prestation de services adapté aux besoins des aînés, rentable et commode pour les aînés et les anciens combattants du comté de Queens. Dans le cadre du projet, les partenaires mettent à l'essai des points d'accès communs, des méthodes d'examen préalable et d'évaluation des clients, la collaboration sur le plan de la prestation des services et le partage de l'information entre les secteurs de compétence.

En avril 2000, le gouvernement a annoncé qu'il améliorerait les services de traitement du cancer dans la province par l'acquisition d'un accélérateur linéaire au centre de traitement du cancer de l'Î.-P.-É. Une analyse d'impact et un plan fonctionnel ont été effectués et le nouveau service devrait être disponible en 2002.

Le gouvernement a annoncé en avril également qu'il instaurerait des services d'imagerie par résonance magnétique (IRM) à l'Île-du-Prince-Édouard. Un comité de planification a été nommé. Une analyse d'impact a été effectuée et le plan fonctionnel est en train d'être finalisé.

Il y a eu une augmentation des fonds destinés aux soins prolongés dans plusieurs secteurs afin de remédier aux coûts et à la demande en hausse. La subvention journalière pour les résidents des établissements de soins de longue durée et ceux de soins communautaires a augmenté de 10 $. L'allocation mensuelle de menues dépenses pour les résidents de longue durée assistés est passée également de 82 $ à 103 $, première augmentation depuis 1992.

BILAN DE L'ANNÉE - SUITE

La mise en oeuvre d'un plan triennal de prestation des services en santé mentale a débuté au cours de l'année par l'établissement d'un système provincial d'intervention en cas de crise. Le nouveau système permettra de donner une réponse rapide et adéquate aux patients en état de crise, de veiller à l'utilisation pertinente des lits et des services psychiatriques, d'appuyer les médecins de famille dans le traitement de leurs patients et de réduire l'écart entre les services en établissement et les services communautaires. Ce travail sera suivi par l'expansion des services communautaires, y compris les programmes de sensibilisation et de suivi et l'inclusion des clients et de leurs familles dans la prestation des services de santé mentale et des activités d'éducation.

Depuis avril 2000, le Bétaséron (interféron bêta-1b) est couvert au titre du régime d'assurances des médicaments pour le traitement de la sclérose en plaques à périodes progressives et rémittentes et de la sclérose en plaques progressive secondaire.

La province a effectué un examen exhaustif des services de dialyse. Les recommandations sont maintenant mises à contribution pour appuyer la prestation de services de qualité rentables aux patients qui ont une insuffisance rénale aiguë ou chronique.

Plusieurs initiatives ont été entreprises en 2000-2001 dans le but d'améliorer la prestation des services de soins palliatifs. Le ministère et les régions sanitaires de Kings-Sud et de Prince-Est ont participé à un projet pilote de 18 mois mené par Santé Canada qui vise à élaborer, mettre en oeuvre et évaluer un modèle de soins palliatifs à domicile en région rurale. Les recommandations du projet qui a pris fin en janvier 2001, de même que ce qu'on a tiré du projet Téléhospice dans Prince-Ouest, du Comité consultatif provincial sur les soins palliatifs et de l'Island Hospice Association, servent maintenant à l'élaboration d'un modèle provincial de soins palliatifs communautaires.

Plusieurs initiatives ont été mises en oeuvre pour améliorer l'organisation et la prestation des soins primaires, y compris l'ajout d'un volet clinique au centre de santé communautaire Four Neighbourhoods. Un fonds des soins de santé primaires a été créé à l'appui de la restructuration de ces soins. Plusieurs médecins qui désirent accroître leurs activités de collaboration dans leur établissement de soins ont présenté des propositions.

À la suite de l'annonce par l'Armée du salut qu'elle cessait ses activités à Sunset Lodge, une équipe de transition a été créée pour transférer les lits de soins prolongés dans des établissements nouveaux ou existants et pour aider les résidents, les familles et le personnel durant la période de transition.

BILAN DE L'ANNEE - SUITE

Ressources humaines

Une grande stratégie de 9,5 millions de dollars a été annoncée en mai 2000 pour recruter du personnel de soins infirmiers et pour garder celui qui travaille déjà dans la province. La stratégie englobe le financement de 60 nouveaux postes permanents d'infirmières ou d'infirmiers autorisés, des initiatives pour améliorer la qualité de vie au travail pour le personnel des soins infirmiers et des encouragements visant à amener les infirmières à se réinstaller et à demeurer dans la province. La stratégie a donné plusieurs résultats positifs au cours de l'année, y compris la création de 27 nouveaux postes; la création d'un nouveau poste d'agent de recrutement de personnel en soins infirmiers; le recrutement de 27 nouvelles infirmières dans le réseau de santé de l'Î.-P.-É.; l'embauche de 28 étudiants en soins infirmiers pour une période de 8 à 12 semaines dans les établissements de santé de l'Î.-P.-É.; l'acceptation de 28 étudiants en soins infirmiers dans le programme de parrainage en collaboration avec les régions sanitaires et la création d'un programme d'emploi d'été dans le réseau de santé pour 133 étudiants du secondaire dans le cadre du programme Health Futures (Perspectives de carrière en santé).

La stratégie de recrutement et de maintien de médecins, annoncée en février 2000 et représentant 4,2 millions de dollars, a également donné des résultats positifs. Un agent provincial de recrutement de médecins et un coordonnateur en matière d'études en médecine ont été embauchés à contrat. Deux places ont été achetées à l'école de médecine de l'université Memorial pour des étudiants de l'Î.-P.-É. Durant l'exercice financier, 12 bourses conditionnelles à la promesse de service post-formation, 13 allocations de déménagement et plusieurs bourses pour études en médecine ont été accordées. Le nouveau programme d'aide aux remplacements a entraîné le recrutement dans la province de 38 médecins remplaçants pour pourvoir à des postes temporaires.

Plusieurs initiatives de planification des ressources humaines ont été mises en oeuvre, y compris l'élaboration d'un canevas de planification des ressources humaines, d'une politique globale sur la formation et le perfectionnement, d'initiatives en matière de mieux-être au travail et de stratégies pour faciliter la dotation des postes difficiles à pourvoir. Une analyse approfondie de l'offre et de la demande de ressources humaines a été amorcée en partenariat avec le ministère de l'Éducation, Développement des Ressources humaines Canada et des partenaires du secteur privé. L'analyse permettra d'établir le profil des fournisseurs actuels; de cerner les questions liées à l'offre, à la demande et à la formation au cours des cinq prochaines années et de fournir un modèle prévisionnel dynamique pour planifier les besoins futurs de la main-d'oeuvre des secteurs de la santé et des services sociaux.

BILAN DE L'ANNÉE - SUITE

La planification en matière de développement de la main-d'oeuvre infirmière s'est poursuivie pour veiller à ce qu'il y ait un nombre suffisant d'infirmières et d'infirmiers à l'avenir dans la province. Parmi les faits saillants, on compte des discussions entre les ministères de la Santé et des Services sociaux et de l'Éducation et l'Université de l'Île-du-Prince-Édouard pour accroître le nombre de places dans le programme de soins infirmiers de l'université. Un comité consultatif sur les ressources en main-d'oeuvre infirmière a été réuni pour recommander les améliorations à apporter à la vie au travail de la main-d'oeuvre infirmière. Enfin, un programme triennal a été mis sur pied pour établir un modèle prévisionnel des ressources en main-d'oeuvre infirmière en fonction des besoins.

Les négociations se sont poursuivies au cours de l'année pour aboutir à une convention collective cadre avec les médecins. Un contrat de trois ans a été signé avec l'IUOE en février 2001. Les travaux de préparation et les négociations avec le Syndicat des employés de la fonction publique - groupe Santé dont le contrat est arrivé à échéance le 31 mars 2000 et le Syndicat des employés de la fonction publique - groupe Fonction publique et le SCFP dont les contrats ont pris fin en mars 2001.

Technologie de l'information

Au cours de l'année, le gouvernement a continué de respecter son engagement d'investir dans les technologies de l'information et des communications pour améliorer la qualité des soins de santé et des services sociaux et en faciliter l'accès.

De grands progrès ont été faits dans la mise en oeuvre de l'application du registre de la clientèle commun qui constitue le dépôt central des données démographiques de base pour tous les clients du réseau de la santé et des services sociaux. Cette base de données renferme des données démographiques de base comme le code d'identification, le nom, l'adresse, la date de naissance des clients, les services auxquels ils ont droit et les rencontres avec eux. Ce système permettra aux fournisseurs de services d'avoir un accès rapide à l'information et de se tenir informé en tout temps. La mise en oeuvre devrait se terminer dans la prochaine année financière.

En 2000-2001, a commencé la planification de la mise en oeuvre d'un important système intégré de gestion des cas qui permettra aux fournisseurs de services d'accéder par voie électronique à de l'information sur les clients et d'échanger ce type d'information par la même voie. Lorsque le système sera entièrement mis en oeuvre, dans quatre ans, l'application permettra aux fournisseurs autorisés d'accéder à l'information relative aux rencontres antérieures, de dresser des plans de traitement et de surveiller les résultats pour les clients.

BILAN DE L'ANNÉE SUITE

Une nouvelle *Pharmaceutical Information Act* (Loi sur l'information pharmaceutique) a été adoptée au cours de l'année. Cette loi prévoit la saisie des données sur les médicaments de prescription distribués dans la province et la fourniture des profils pharmaceutiques aux médecins et pharmaciens. La mise en oeuvre débutera dans les pharmacies de détail et les pharmacies des hôpitaux ainsi que dans les salles d'urgence, puis elle se poursuivra chez les médecins.

Les travaux se sont poursuivis pour la mise en place du système d'information radiologique qui donnera accès aux dossiers des patients dans tous les sept établissements de soins de courte durée de la province. La mise en place en 2004 d'un système de stockage, de transport et d'affichage d'images dans les hôpitaux se poursuit. Le système permettra la transmission électronique de radiographies et d'images digitales entre les hôpitaux de la province et entre ceux-ci et d'autres provinces. Le nouveau système facilitera les consultations à distance et améliorera l'utilisation des ressources et des professionnels en radiologie.

Une demande de financement a été présentée à Santé Canada au cours de l'année par les quatre provinces de l'Atlantique en vue de la mise sur pied d'un projet collectif de mise au point d'une infostructure de la santé dans les secteurs de la gestion des cas, du registre de la clientèle commun et du stockage et affichage des images. Les provinces de l'Atlantique travaillent également ensemble à l'élaboration de normes communes dans ces secteurs en partenariat avec l'Institut canadien d'information sur la santé (ICIS).

De nouvelles normes en matière de classification des maladies, des problèmes de santé et des interventions ont été instaurées cette année. L'Î.-P.-É. est l'une des cinq provinces à avoir adopté les nouvelles normes de la CIM-10 et de la CCI portant sur la codification des congés des hôpitaux.

La planification d'un nouveau système d'information sur la santé de la mère et de l'enfant a débuté pour appuyer les services auxquels la mère et l'enfant ont accès à partir de la grossesse jusqu'à ce que l'enfant ait 18 ans.

La planification de la mise en oeuvre d'un nouveau système d'information sur la santé dentaire des enfants a également été achevée.

Un examen approfondi du système d'information sur la santé partout dans l'Île a débuté au cours de l'année pour vérifier sa capacité de supporter les applications futures. Les systèmes de sécurité ont été testés avec succès.

La planification d'une importante mise à niveau du système GroupWise qui permet aux employés de communiquer entre eux par voie électronique a commencé. La mise à niveau portera sur de nouvelles normes, politiques et procédures et sur les systèmes de soutien et l'infrastructure.

BILAN DE L'ANNÉE - SUITE

Obligation de rendre compte

Les régions sanitaires ont participé aux grands travaux de préparation en vue des visites d'agrément national prévues pour juin 2001. Le processus d'agrément du Conseil canadien d'agrément des services de santé est l'un des outils de responsabilisation le plus complet dont on dispose pour mesurer le rendement des régions sanitaires par rapport aux normes nationales et d'en rendre compte. Le processus, qui se déroule tous les trois ans, comprend une auto-évaluation et un examen externe.

Le ministère a effectué plusieurs évaluations de programme durant l'année pour favoriser une amélioration constante, la prise de décisions fondée sur les résultats et une responsabilisation améliorée. La stratégie de réduction du tabagisme, la stratégie provinciale de lutte contre le diabète, les programmes de désintoxication, l'évaluation prénatale, la santé mentale chez les aînés et plusieurs autres programmes ont été visés par ces évaluations.

L'Unité de mesure des résultats du ministère a continué de travailler avec les régions à la définition d'indicateurs pour mesurer le rendement du système et l'état de santé dans trois grands secteurs. Pour ce faire, elle rend compte des 14 indicateurs nationaux / provinciaux / territoriaux obligatoires de l'état, des résultats et des services de santé; des 26 indicateurs provinciaux servant à mesurer les progrès réalisés en vue d'atteindre les objectifs de santé de la province et des 26 indicateurs provinciaux des résultats pour les clients, de l'accès aux services et de la satisfaction de la clientèle et du personnel.

Nous étions dans la deuxième année d'un programme de trois ans qui vise à passer à des conseils régionaux de santé composés de membres élus et de membres nommés dans le but d'assurer que les conseils rendent des comptes aux collectivités qu'ils servent. Lorsque le programme arrivera à son terme en décembre 2001, plus de la moitié des membres de chaque conseil seront élus.

Pour plus de renseignements concernent le rapport annuel du ministère de la Santé et des Services sociaux, vous pouvez communiquer avec Émile Gallant, Coordonnateur des services en français au 368-6172.

STRATEGIC PLAN GOALS

GOAL #1

Improve the health status of Islanders

How will we measure improvements in health status?

- Life expectancy
- Self-rated health
- Birth weight
- Prevalence of chronic disease
- Rate of vaccine preventable disease
- Smoking rates
- Physical activity rates
- Readiness to learn

GOAL #2

Increase our acceptance of responsibility for our own health

How will we measure increased acceptance of responsibility for health?

- Children exposed to second hand smoke
- Participation in preventative health programs
- Immunization rates
- Mammography and pap screening rates
- Breastfeeding rates

GOAL #3

Improve the sustainability of the system

How will we measure increased sustainability?

- Public health expenditures
- Health expenditures per capita
- Health professionals as a percentage of population served
- Client satisfaction with services

GOAL #4

Increase public confidence in the system

How will we measure increased public confidence?

- Overall public confidence
- Employee satisfaction with service quality and access
- Physician satisfaction with service quality and access

GOAL #5

Improve workplace wellness and staff morale

How will we measure increased workplace wellness and staff morale?

- Employee satisfaction
- Physician satisfaction
- Leave usage
- Numbers and length of WCB and LTD claims
- Employee exit survey trends
- Recruitment success
- Attrition rates
- EAP utilization rates

RESPONSIBILITIES OF THE DEPUTY MINISTER OF HEALTH AND SOCIAL SERVICES

The Deputy Minister of Health and Social Services is responsible for achieving acceptable results in Prince Edward Island in the following areas:

1. **Quality* of advice, assistance, information and leadership provided to the Minister, and as appropriate, to regional health authorities and their staff, public and private health care providers, in the areas of:**

- Policy formulation and implementation
- Development and adoption of outcome standards
- Monitoring health outcomes and status
- Frameworks and processes for planning
- Resource allocation
- Capital project planning
- Communications strategies
- Human resource planning and development
- Information technology system planning
- Issues management
- Development and interpretation of legislation, regulations and compliance
- Interacting with other governments and their processes
- Dissemination of research knowledge and comparative data
- All areas defined by the "Health and Social Services Mission"

And is responsible for:

2. **Quality of administration and operation of direct service in:**

- Registration, premium collection, disbursement to providers, and other physician payment services
- Out-of-province health service procurement and payment
- TB, STD and communicable disease control
- Ambulance services contracts and associated policies
- Blood services contracts
- Information technology systems
- Adoptions and post adoption consultation
- Provincial Non-Government Organizations (NGO) contracts
- Autism programming
- Health information resources

3. **Quality of health and social services legislation and enforcement of legislation and regulations assigned to the department**

4. **Quality of monitoring of health outcomes provincially and regionally within the province**

5. **Client and provider satisfaction**

6. Influence on decisions as appropriate of other governments, departments and agencies affecting health

7. Quality of relationships with other governments, Regional Health Authorities (RHAs) and their staff, departments, agencies, associations, suppliers and contractors, etc.

8. Quality, performance, morale and conduct of staff and their occupational health and safety

9. Public confidence in the health and social services system

10. Costs and cost effectiveness

11. Condition of Department finances and assets

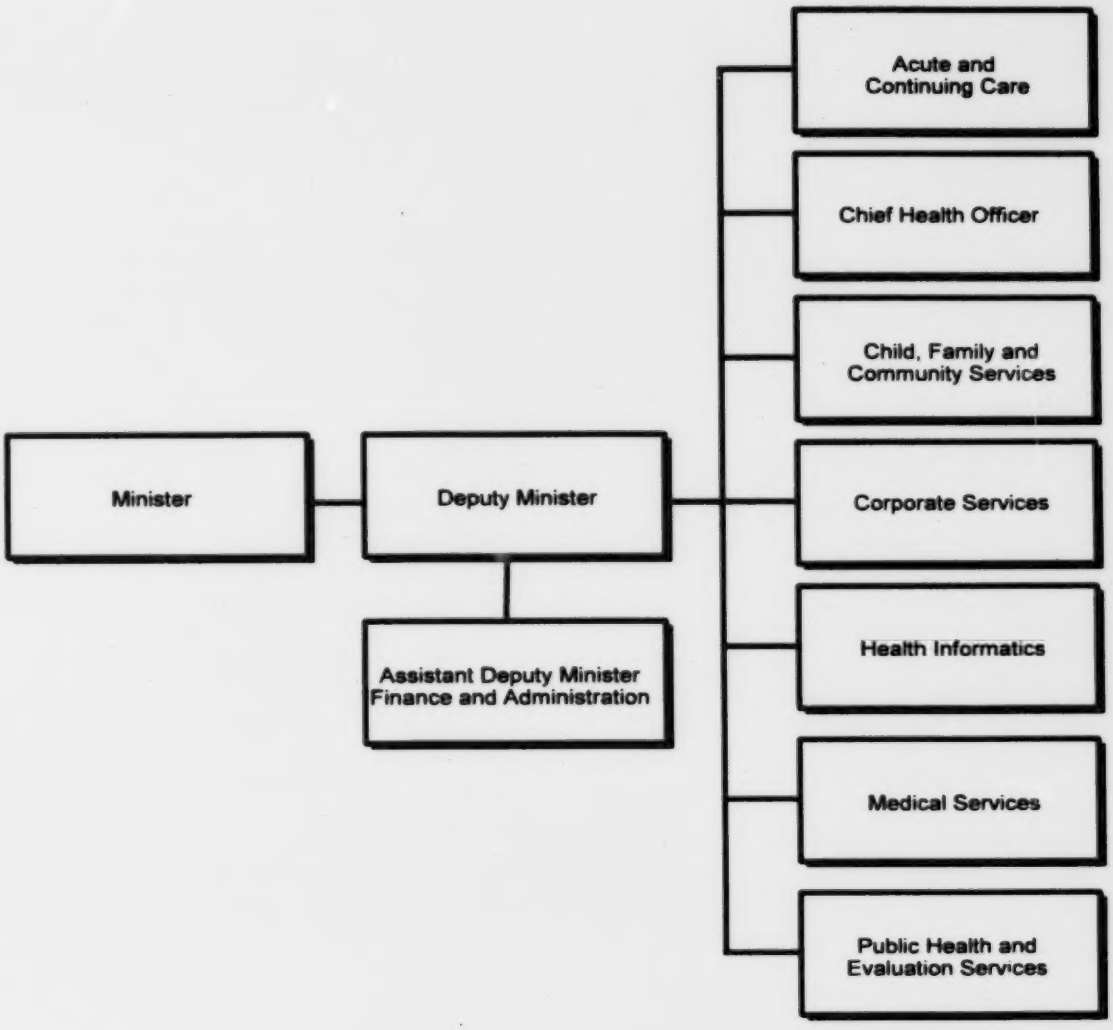
12. Departmental adherence to legislation and government policy

13. Such other duties and obligations that are from time to time required by the Minister

* Quality is defined by reliability, usefulness, quantity, timelines, cost, attitudes and confidentiality (when called for).

Department of Health and Social Services

AS AT MARCH 31, 2001



DEPARTMENT DIVISIONS

ACUTE AND CONTINUING CARE - *Mary Hughes Power, Director*

The mandate of the Acute and Continuing Care Division is to provide support to acute, continuing and home care programs and services. This function includes the development of policy and operational guidelines to support the Regional Health Authorities in program and service delivery.

The Division is responsible for the quality of advice and assistance to the Minister and regions in the following areas: acute; continuing and home care; in-province and out-of-province hospital services; medical technology assessment; ground ambulance and emergency air evacuation; blood services; adult protection; dialysis; and Provincial Pharmacy.

CHIEF HEALTH OFFICER - *Dr. Lamont Sweet, Chief Health Officer*

The mandate of the Chief Health Officer is to administer and enforce the *Public Health Act* and Regulations; supervise and direct immunization programs, communicable and other disease control measures; and coordinate chronic disease surveillance and related research projects.

The Division is responsible for the quality of advice and assistance to the Minister and regions in the following areas: communicable disease control (including 50 notifiable diseases); treatment of water for human and animal consumption; safety and health associated with swimming pools; standards for slaughter houses, food establishments and facilities producing food for human consumption; control of epidemics; immunization guidelines and programs; standards for milk and milk products; licencing of buildings and facilities such as daycares; and provision of personal services involving piercing, penetration or tattooing of the skin. The Division also includes an Epidemiology component which carries out research on communicable disease and non-communicable disease issues.

CHILD FAMILY AND COMMUNITY SERVICES - *Susan Birt, Director*

Policies and Programs for children, youth and families are based on the belief that healthy families lead to healthy children, and healthy childhood development has a major influence on an individual's later health status and quality of life. The priorities of the Division are to support children and youth at risk, and to build on the capacities of Island families to care for their children and support each other within the family unit.

The Division is responsible for the quality of advice and assistance to the Minister and regions in the following areas: planning and federal/provincial social services relations; policy direction and operational guidelines; including consistency of standards; program administration and development; and limited program delivery in Child Welfare Services, Community Services and Income Security.

DEPARTMENT DIVISIONS - Cont'd

CORPORATE SERVICES - *Susan MacKenzie, Director*

The Corporate Services Division supports and assists the Department by providing leadership and support in the areas of strategic planning, intergovernmental and external relations, research, human resource management and legislation. The Division is also responsible for providing Ministerial support, and acting as liaison to the Regional Health Authorities for corporate activities.

The Division is responsible for the quality of advice and assistance to the Minister and regions in the following areas: strategic and operational planning; broad based policy development; policy advice on health issues; management of human resources planning for the system; legislative support; records management; French language services; and Federal - Provincial relations.

FINANCE AND ADMINISTRATION - *Bill Harper, Assistant Deputy Minister*

The Finance and Administration Division is responsible for the overall financial administration of the Department. Major areas of specific responsibility include: budget preparation, monitoring and forecasting; processing of department expenditures; revenue management; financial planning and analysis; auditing and investigation services; and managing the administrative requirements associated with the *Housing Corporation Act*. The Division works closely with departmental managers and the health authorities to provide advice and support on financial and administrative matters.

The Division is responsible for the quality of advice and assistance to the Minister and regions in the following areas: budgeting and financial management; financial and administrative policy; capital projects; and risk management.

HEALTH INFORMATICS - *Herman McQuaid, Director*

The Health Informatics Division has overall responsibility in the areas of information systems planning, development and support. Areas of responsibility include: implementation, support and maintenance of the Island Health Information System's (IHIS) provincial applications and wide area network (WAN); strategic planning and management of the health system's information resources including security, confidentiality and access from policy to technology; and consulting services to the Department and health regions for technology projects.

The Division also has responsibility for operation of the Office of Vital Statistics. The Director of Health Informatics is also responsible for all phases of planning, development, design and construction of the new East Prince Health Facility.

The Division is responsible for the quality of advice and assistance to the Minister and regions in the following areas: health information systems and communications technology policy formulation, planning, financing, implementation and support; health information systems security, confidentiality and privacy protocols; development and adoption of operating standards for health information systems; and issues management relevant to the Division.

DEPARTMENT DIVISIONS - Cont'd

MEDICAL SERVICES - *Dr. Don Ling, Director*

The Division of Medical Services is responsible for coordinating the delivery of medical services to the population and for developing effective partnerships between physicians and others in the health care delivery system.

The Division is responsible for the quality of advice and assistance to the Minister and regions in the following areas: Policy development; program coordination and planning; leadership; developing partnerships; and support of current provincial programs.

PUBLIC HEALTH AND EVALUATION - *Teresa Hennebery, Director*

The Public Health and Evaluation Division provides support and provincial leadership in the areas of health promotion, health protection, chronic disease and injury prevention, and healthy public policy. The Division also supports the health and social services system with program evaluation and research initiatives to ensure the measurement and reporting of system performance and outcomes.

The Division is responsible for the quality of advice and assistance to the Minister and regions in the following areas: public health; community nutrition; diabetes services; environmental health; dental public health; children's dental care; reproductive care; cervical cancer; breastfeeding; HIV/AIDS; tobacco reduction; access to credible health information; healthy public policy; health education; social marketing; program evaluation; results measurement; and the PEI Health Research Program and health research.

2000-01 PROJECT HIGHLIGHTS

Accreditation

The Canadian Council on Health Services Accreditation is the national accrediting body for health care organizations across Canada. The process occurs every three years and has two components: the organization undergoes a self-assessment of compliance with the national standards, and an external review is conducted by peer surveyors from across Canada who work in similar health care organizations. During 2000-01 the Regional Health Authorities began the self-assessment phase of the accreditation process. The peer review/accreditation survey phase is scheduled for June 2001 with accreditation reports and announcement of awards anticipated in Fall 2001.

Ambulance Services

In April 2000, Government announced the Out-of-Province Medical Transport Support Program to cover a portion of the cost of out-of-province ground ambulance transportation. This program reduces the user fee to $130 for eligible Island residents who need to access specialized medical care out-of-province. This is significantly lower than the fees previously charged for out-of-province services, for example $550 to a Moncton hospital or $800 to a Halifax hospital.

A new long term agreement was reached between the Department and the five private ground ambulance operators for the provision of ambulance services in the province. This three year performance based contract is effective to September 2003. A new agreement was also reached between PEI and Nova Scotia for the provision of emergency air evacuation services for Islanders who meet critical transfer criteria.

Breastfeeding

Breastfeeding protects an infant from infectious disease and helps the brain and nervous system develop. Despite this, only 62 percent of mothers were breastfeeding at the time of discharge from hospital, compared to approximately 80 percent of women across Canada. The Department continues to work with the PEI Breastfeeding Coalition to develop social marketing initiatives to promote breastfeeding as the cultural norm and ideal choice for infant feeding on PEI.

Case Management System

Planning commenced during the year on this major project which will provide access by service providers to information that will allow them to effectively share and access information on the delivery of service to their clients. This application will improve access to information about previous health and social service encounters and allow for the monitoring and compliance of service plans and health outcomes. Implementation of the Case Management System will occur over the next four year period and when completed will span all community based health and social services within the province.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Cervical Cancer Screening

PEI has one of the highest rates of cervical cancer in Canada. A major public education campaign was launched to increase awareness that cervical cancer can be prevented through regular screening. The campaign included brochures, posters, pocket calendars and radio and television ads that encouraged women to have regular Pap tests. A Pap Screening Advisory Committee was formed to make recommendations for the development and implementation of a screening program to reduce the incidence and mortality of cervical cancer in the province.

***Child Protection Act* Implementation**

The purpose of this project is to prepare the system for the proclamation of the *Child Protection Act*. The goal is to create an effective and efficient child protection delivery model for clients and staff supported by the new Act. The human resources required have been profiled and the regulations necessary to allow the Act to become operational are in the process of being drafted. Coordination will be the responsibility of a provincial project coordinator under the guidance of provincial/regional managers and a steering committee. The implementation plan is expected to be completed by Summer 2002.

Children's Dental Health

This undertaking will result in a new generic claims processing system for the Children's Dental Program. A requirements analysis was completed and the project is moving forward to the next phase which is the application implementation.

Children's Mental Health Program

The goal of the Children's Mental Health Coalition is implementation of a comprehensive plan for a network of services for children's mental health. Among the objectives of the coalition are expanding children's mental health supports, increasing professional resources, integrating community and government services and increasing educational supports to families. 2000-01 saw increased access to child psychiatry through a telehealth link with the IWK Grace Health Centre in Halifax, NS, and a provincial coordinator hired to support, organize and prioritize requests for psychiatric consultations.

Collective Agreements

Health sector employees are represented by four distinct and separate unions. At the conclusion of 2000-01 the status of negotiations on the collective agreements were:

* International Union of Operating Engineers (IUOE) - A three-year contract, retroactive to April 1, 2000, was signed in February 2001 with this union which represents employees working in the technical and clerical fields employed within the regional health authorities.

2000-01 PROJECT HIGHLIGHTS - Cont'd

* Union of Public Sector Employees (UPSE Health) - The contract between the regional health authorities and the union expired March 31, 2000, and subsequent negotiation and conciliation attempts reached an impasse. The parties have agreed to proceed with a mediation/arbitration process which is expected to occur by early Fall 2001.

* Union of Public Sector Employees (UPSE Civil Service) - The contract with the union expired March 31, 2001, and arrangements were being made to commence negotiations with union early in the new fiscal year.

* Canadian Union of Public Employees (CUPE) - The contract with the union expired March 31, 2001, and details were being finalized to schedule the beginning of bargaining talks by mid April 2001.

Common Client Registry (CCR)

The CCR will be the main client demographic database for the provincial health and social services system. As the central repository for all health clients it will store core demographic attributes such as name, address, date of birth, eligibilities, encounters and ID. The CCR will provide client demographic information on all health and social services - over 50 services - delivered in the public sector. In the coming fiscal year the complete execution of this initiative is expected to be achieved.

Diabetes

The Department funded several primary prevention projects, including: Eastern Kings - education and support to students in the school system regarding lifestyle and behavioral changes; Southern Kings - interventions to prevent Type 2 diabetes; and East Prince/West Prince - diabetes education in the workplace.

Disability Support Program

The purpose of this program is to improve services to persons with a disability by reorganizing existing programs such as the Employability Assistance for Persons with a Disability, Family Support, and Financial Assistance Programs into one Disability Support Unit. Supports and services for the disabled will be removed from under the Welfare Assistance Program. The implementation of the PEI Disability Support Program will signal a significant change in the way disability related supports and services are delivered in the province. Pre-implementation work commenced with regional workers, supervisors, managers, organizations representing people with disabilities and the community at large. Staffing and training processes have been developed with the intent of an October 2001 implementation date.

2000-01 PROJECT HIGHLIGHTS - Cont'd

East Prince Health Facility

In April 1998 Government announced its commitment to construct a new health facility to replace the existing Prince County Hospital working in partnership with East Prince Health. During the past fiscal year, significant progress was made in the planning for the new facility including:

* The Architectural Design Schematic Design Phase which was started in October 1999 was completed in January 2001; and

* The architectural plans and specifications were issued for a firm price response in February 2001.

The target for start of construction is Spring 2001 with a Fall 2003 opening.

Family Violence Prevention

In the past year Protocols for Woman Abuse were developed to enhance and coordinate services to abused women and children. Ongoing and sustainable training for front-line service providers is a critical component in implementation of these protocols. Training sessions are being delivered to workers in the justice system, income assistance sectors and workers in emergency rooms of all Island hospitals, with completion expected by January 2002.

The Premier's Action Committee on Family Violence Prevention established a working group, consisting of community and government organizations, to adapt the Canadian Association of Administrators of Labour Legislation materials on *Workplace Violence Prevention* for distribution in PEI. Currently, this working group is developing Best Practices for workplace violence prevention, educational fact sheets on violence and its impact, and a guide to local counselling and support resources for employees. This material will be distributed to employers, union leaders, and employee assistance coordinators throughout the province by January 2002. Expected results are: to increase awareness of the impact of domestic violence on workers and on workplace productivity; to increase awareness of workplace violence and its impacts on employee health, family life, safety and productivity and to increase the opportunities for Islanders to receive support/counselling for family and workplace violence.

French Language Services Implementation Plan

French language services took a major step forward during the 2000-01 fiscal year. The Department's French Language Services Plan was finalized and is now being implemented. The three regions affected by the requirements of the province's *French Language Services Act* (West Prince, East Prince and Queens Region) all increased their number of bilingual positions, and preparations commenced for the development and execution of the region-specific action plans. As well, the Department created a permanent Coordinator of French Services position which should facilitate the implementation of the act in addition to other related initiatives by the health and social services system.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Gambling Treatment Program

A client centered community-based mobile program for problem and pathological gamblers and their families will be operationalized in 2001 as part of the provincial plan for treating addictions. The target population is persons who have become harmfully involved in gambling and pathological gamblers. Program implementation will include training for appropriate multi-sectoral staff, counseling for families affected, as well as operational functions. The goals of the program will be to move clients to a gambling free lifestyle and to improve the quality of life for them and their families.

GroupWise Upgrade

This project is identifying and implementing processes to roll out, promote and support GroupWise 5.5e. The project will deliver in two phases: training programs for clients and support staff; a formalized support structure; GroupWise standards, policies and procedures; and the required network and workstation infrastructure. Phase I was an upgrade of GroupWise 5.5e within the Department resulting in 103 staff members receiving training and now using the new product. Phase II will be the introduction of the GroupWise product over the next two years to more than 1,300 regional health system employees.

HIV/AIDS

Along with community partners, the Department is committed to preventing and reducing the spread of HIV/AIDS. Efforts have focused on the prevention of the vertical transmission of HIV (from mother to child during pregnancy and at the time of delivery). Physician offices were surveyed to evaluate the effectiveness of current educational resources (developed in partnership by the PEI Reproductive Care Program, the Department, and the Medical Society). In partnership with AIDS PEI, phase II of the HIV and Pregnancy Education Project was implemented. The project will be completed in August 2001.

Health Education

The Department continues to develop and procure public health education materials for the health system and the public. The PEI Breast Cancer Information Partnership, the Breastfeeding Coalition of PEI, Women's Network and the elementary school health curriculum were supported to develop health education programs and services.

Health Human Resource Plan

Work has been initiated in the development of a health human resources plan including: partnering with the Public Service Commission to develop a HR planning template which can be used by managers at all levels; establishing a departmental wellness council to focus on enhancing workplace wellness and satisfaction; developing a comprehensive training and development policy to facilitate equitable and planned continuous learning opportunities for employees; and developing a relocation policy to facilitate the recruitment of difficult to fill positions. The long-term objective of the plan is to develop strategies to ensure an adequate supply and the right mix of health professionals who are appropriately educated, distributed and deployed to meet the health needs of the population.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Health Human Resources Supply and Demand Analysis

Maintaining an adequate supply of professionals is one of the major challenges facing the PEI health and social services sector. To assist in human resource planning, a Human Resource Supply and Demand Analysis is being managed by a partnership of government and non-government groups of which the Department is a member. The purpose of the analysis is to: provide a profile on the current supply of providers; identify supply, demand and training issues over the next five years; and develop a forecasting model to assist in planning for future needs. With funding through the Labour Market Development Agreement, the study is being conducted by a private consulting firm who began in February 2001 to develop a profile of 52 occupational groups in the public sector, and 28 groups in the private sector. A final report is expected in the Fall of 2001.

Health Information

The Health Information Resource Centre (HIRC) continued to increase access to credible health information so Islanders can make more informed choices about their health and the health of their families. HIRC expanded its Community Access Program and implemented a promotional campaign. As a partner in the Canadian Health Network (CHN), HIRC assumed the pan-CHN responsibility for deciding which CHN organization can best respond to requests sent to CHN via their Web site. HIRC also responds to requests sent to the Eastern Cooperative Health Organization.

Health Infostructure Atlantic

The Department has been an active member of Health Infostructure Atlantic, a group that has been established through an agreement of the four Atlantic Health Ministers, supported by the Premiers. This group has been successful in an application for funding to the Atlantic region from Health Canada to move the technology agenda for the region in the areas of Case Management, Common Client Registry and Picture Archival and Retrieval System (PACS).

Health Infostructure Atlantic - Information Standards Development

This initiative is working toward developing standards in the areas of Common Client Registry, Case Management and Picture Archival and Retrieval System. They involve participation from all Atlantic Provinces as well as the Canadian Institute for Health Information. The goal is to achieve standards that facilitate the development of the health infostructure for Canada.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Healthy Child Development

The Department is working in partnership with the Departments of Education, Development and Technology, the Office of the Attorney General, and Community and Cultural Affairs, as well as Island communities and organizations to support the implementation of *For Our Children*, a provincial strategy for Healthy Child Development. The newly established Children's Secretariat provides coordination to these efforts and the core staff is housed in the Department. The strategy identifies strategic directions, key areas for action, and is working toward the goal of improving outcomes for children in the areas of safety and security, good health, success at learning, and social belonging and responsibility. Progress will be measured in these areas and reported to Islanders. In the Fall of 2001, the Premier's Council on Healthy Child Development will host the first annual Think Tank on Healthy Child Development.

Heart Health Program

The PEI Heart Health Program researches effective ways to prevent heart disease through changes in behavior, public policy and social norms. Program knowledge was used to develop disease prevention initiatives in Eastern Kings. Federal funding ended in March 2001 with prevention activities being sustained by Eastern Kings health staff and volunteers.

Home Care

The future design of Home Care was identified as a priority area for strategy development within the PEI health system. A planning committee was formed and consultations were held with health system staff to develop a strategy for the next three to five years and beyond. The purpose of this work is to prepare to meet the changing needs of Islanders, to contribute to the sustainability of the health system by enabling care to be provided in the most appropriate setting based on individuals' assessed needs. This work will continue in the next fiscal year.

ICD-10/CCI
(International Classification of Diseases and Related Health Problems, 10th Revision; Canadian Classification of Health Interventions)

The ICD-10/CCI is a single set of national standards for classifying diseases and related health problems, and health interventions which all provinces adopted in 1995 under the leadership of the Canadian Institute for Health Information. In 2000-01, PEI was one of five provinces to implement the ICD-10/CCI standard for coding all hospital in-patient discharges.

Island Health Information System (IHIS) Wide Area Network Review

IHIS is an Island-wide, fully integrated information resource (connecting over 46 services sites), supporting health and social services delivery in the province. The Department has identified the need to review the wide area network for the purpose of ensuring it is able to support future applications such as Radiology, Case Management, Picture Archival and Retrieval System, etc. The project is underway and is reviewing the current Wide Area Network utilization, capacity, security and network management and the processes to support it with respect to performance monitoring, configuration, backup strategies and outage management.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Integrated Services for Seniors and Veterans Project

The Integrated Services for Seniors and Veterans Project is a partnership between the Department, Queens Region Health, City of Charlottetown and Veterans Affairs Canada. The project continued through the year to work toward the delivery of services to seniors and veteran clients residing in the Queens County region in a responsive, convenient and cost-effective manner. To date, the project has explored the potential benefits of common access points, client screening and assessment approaches, service delivery collaborations, and has explored the issue of privacy and information sharing between jurisdictions.

Linear Accelerator

In April 2000, Government announced plans to expand the range of services provided at the PEI Cancer Treatment Centre, through the addition of linear accelerator services. An Impact Analysis and Functional Plan are in the process of being completed on the expanded cancer treatment services.

Long Term Care Funding

A number of investments were made in relation to long term care funding, including a $10 increase in the subsidy for residents in private nursing homes, and a $10 increase in the per diem subsidy to Community Care Facility residents. As well, in both private nursing homes and government manors, a comfort allowance is provided to residents whose cost of care is subsidized. In 2000-01, the monthly comfort allowance was increased from $82 per month to $103 per month. This 20 percent increase was the first since 1992.

Magnetic Resonance Imaging (MRI)

Government announced in April 2000 that diagnostic imaging services for Islanders would be expanded through the purchase of a MRI unit for the Queen Elizabeth Hospital. A committee was established to oversee the planning phase for the establishment of the MRI service. An Impact Analysis was completed and the Functional Plan is in the process of being finalized.

Master Agreement

The Master Agreement between the Department of Health and Social Services and the Medical Society expired on March 31, 2001. Negotiations commenced in January 2001 and will continue into the new fiscal year for a new agreement.

Maternal Child Health

The Maternal Child Health System project is the development of a new information system that will include both mother and child from the point of their mother's first contact during pregnancy until the child reaches the age of 18. A requirements study was completed on the three information systems in the province that are currently covering this area: PEI Perinatal Database (Reproductive Care); Pregnancy Nutrition Database (Nutritional Services); and Child Health Records Database (Public Health Nursing).

2000-01 PROJECT HIGHLIGHTS - Cont'd

Mental Health Services

Implementation of the three year Provincial Mental Health Service Delivery Plan for PEI began in 2001. Emphasis this first year was on the development of a crisis response system. This will be followed by the expansion of community based services, including outreach and follow-up, the inclusion of client and family in the planning and delivery of support and education initiatives.

Multiple Sclerosis Medication Coverage

Effective April 2000, the coverage of Betaseron (Interferon beta-1b) under the MS Medications Program was expanded to include the treatment of both relapsing-remitting and secondary progressive multiple sclerosis.

Nursing Recruitment and Retention Strategy

A comprehensive strategy was developed to recruit new nurses to the province and retain nurses now working in the PEI health system over the next four years. The $9.5 million strategy is intended to meet immediate needs and address long term nursing requirements. This involves adding 60 permanent registered nursing positions, providing initiatives to improve quality of work life for nurses, and introducing incentives to encourage more Island nursing students to remain in the province to work. In 2000-01 the strategy began to produce many positive results including 27 new permanent nursing positions being created, and 27 nurses recruited to the province by a newly established nurse recruiter. As well, several other initiatives met with initial success toward meeting the health system's longer term nursing needs. A student Summer Employment Program employed 28 Bachelor of Nursing students in Island health facilities for an eight to 12 week period, 133 high school graduates worked in health facilities through the Health Care Futures Program, 24 Bachelor Degree in Nursing students were accepted into a Student Sponsorship Program, and two nurses were enrolled in a Refresher Cost Assistance Program.

Nursing Strategy (Medium Long Term) - Workforce Development Planning

The report *Recruitment and Retention Plan for Registered Nurses on PEI*, presented to Government in April 2000, identified nursing workforce development planning as essential to future recruitment and retention of registered nurses. This includes establishing an appropriate framework for projecting future nursing supply needs to support effective workforce development (eg. access to basic and continuing education, succession planning) and enhancing quality of work life. Three initiatives are highlighted:

- ***Expansion of the UPEI Nursing Program:*** Joint discussions were initiated between the Departments of Health and Social Services and Education and UPEI to explore increasing the number of baccalaureate nursing graduates. The intent is to propose an initial four year plan to cover the years 2001-05.
- ***Quality of Nursing Work Life:*** A Nursing Resource Advisory Committee will examine factors influencing this issue and make recommendations for enhancement on an ongoing basis.
- ***Needs-Based Projection Model for Nursing Resources:*** The Department together with PEI and Atlantic province colleagues of the Atlantic Consortium for Research Utilization in Nursing (ACRUN) are conducting a three-year research project to develop a needs-based projection model for nursing resources.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Nutrition

Diet and nutrition are directly related to many chronic diseases including diabetes, coronary heart disease, osteoporosis and cancer. Activities included examining the PEI Nutritious Food Basket, revising Policies and Procedures Manual for Community Nutrition Services, and initiating a process to implement recommendations in a review of the Prenatal Nutrition Intervention Program. A social marketing campaign and departmental policy were developed on the use of folic acid in the prevention of neural tube defects. The Department coordinated and provided input for the nutrition component of the elementary school health curriculum to be field tested in 2002. Also during the past year the Department partnered with UPEI to explore barriers and enablers to vegetable and fruit consumption.

PEI Dialysis Program Review

A comprehensive review of the PEI Dialysis service was conducted during the year. The final report makes recommendations that support the provision of high quality, cost-effective and efficient services to patients with acute and chronic renal failure. This report is currently being utilized in operational and policy planning.

PEI Health Research Program

This program aims to create new knowledge about the prevention and treatment of chronic illnesses and to leverage national research dollars for local researchers. The program increased the capacity of Island researchers to conduct health research by approving $385,000 in multi-year research project funding during its first year. A total of nine projects were funded. $478,000 was provided to local researchers in match funding from national funding agencies for these projects. Multi-year projects funded in 2000-01 will be complete by 2004.

Palliative Care

The PEI/NS Rural Palliative Care Project, an 18 month pilot project funded through the Health Transition Fund, was completed in January 2001. Implemented in the East Prince Health and Southern Kings Health Regions of PEI and the Northern Health Region of Nova Scotia, the goal of the project was to develop, implement and evaluate a model to improve the delivery of palliative care to persons living at home in rural areas. The final report outlined a number of recommendations related to palliative care service delivery. These recommendations, as well as learnings from the West Prince Telehospice Project, and recommendations of the Provincial Palliative Care Advisory Committee and the Island Hospice Association are now being incorporated into a broader palliative care strategy.

Pharmaceutical Informatics Project (PhIP)

A new act was passed in the Fall 2000 sitting of the Legislature providing for the capture of information on all prescriptions dispensed within the province (all drugs, all people). The implementation of PhIP will occur in two phases over the next year. Phase I includes retail and hospital pharmacies, emergency rooms and pilot physician sites. Phase II will expand the number of physician sites connected to the system. A client's dispensed and prescription profile will be available to physicians and pharmacist.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Pharmacy Reorganization

Access to medications and medication information for clients of the Financial Assistance and Diabetes Control Programs was significantly improved. This was achieved by transferring over 30,000 prescriptions for approximately 13,000 clients from the Provincial Pharmacy in Charlottetown to the 39 community retail pharmacies across the Island between May and July 2000.

Physician Recruitment

A $4.2 million Enhanced Physician Recruitment Plan was implemented in February 2000 to recruit new doctors and support existing physicians over the next four years. A made-for-PEI strategy developed in consultation with the Medical Society, the health regions and Island medical students the 2000/01 activities included hiring a Provincial Physician Recruiter, contracting with a Medical Education Coordinator to manage PEI involvement with the Northumberland Training Unit, and purchasing two medical school seats at Memorial University exclusively for PEI applicants with initial entry in September 2001. Also occurring over the past fiscal year was the provision of 12 return-in-service grants, 13 Moving Expense Allowance Grants, 38 locums through the Locum Support Program, seven students receiving assistance through the Medical Education Program, and three applicants being approved for Student Loan Assistance.

Picture Archival and Retrieval System (PACS)

This project is intended to build upon the Radiology Information System foundation and functionality. With a targeted implementation date of 2004, it will allow for the electronic transfer of digital radiographic images among the hospitals provincially and interprovincially. Through the deployment of Computer Radiography Readers and Film Digitizers, diagnostic images can be originally created in a digital format. Once digitized, this information can be transmitted over communications networks from one location to another. This teleradiology component will facilitate remote consultations, better utilization of radiology professionals and other specialists.

Prenatal Health

Investing in prenatal health and the first five years of life is good for children and all Islanders. A review of prenatal health education was completed and recommendations were released in a May 2000 report: *Services for Parents and Newborns.* Based on the recommendations, fees for prenatal classes were eliminated, standards for educational objectives developed, and prenatal education videos purchased for public health nursing offices. Work continues on revisions to an educator manual to reflect changes in prenatal education with completion expected by Fall 2001. Future plans include the development of a comprehensive social marketing plan to increase participation in prenatal programs.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Primary Care Re-Design

The Four Neighbourhoods Community Health Centre has been operational in the Queens Health Region since October 1995. A coordinator with an expanded role was hired during the past year to integrate the clinical component of the Centre. This clinical component was then added to the Centre in March 2001, thus creating an inter-disciplinary team approach to support the health and well-being of the population. A Primary Health Care Fund has been established for Primary Care projects at the First Ministers Accord on Health meeting last September. This fund will be used to develop primary health care projects which meet the agreed upon national criteria. Several physicians have submitted proposals to Government to operate in an expanded role.

Program Evaluation

Program Evaluation supports evidence-based decision making, continuous improvement and accountability by generating health services information, analysis, and recommendations for the health regions and the Department. Fifteen evaluations were carried out over the past year. Programs and projects included: Tobacco Reduction Strategy, Provincial Diabetes Strategy, Integrated Services for Seniors and Veterans, Outpatient Detox and Adult Rehabilitation, Public Health Survey, Autism Integration, Prenatal Assessment, Seniors Mental Health, Social Support for Teen Parents and Seniors Assessment Screening.

Provincial Crisis Response System

As recommended by the Provincial Mental Health Service Delivery Plan, a provincial crisis response system is being developed for individuals experiencing an emotional or psychological emergency. The program will be delivered primarily by the Queen Elizabeth Hospital emergency department assisting all emergency departments across the province. Expected results of this initiative are a prompt and appropriate response to Islanders' mental health needs to: ensure appropriate use of psychiatric beds and services; fill the gap between community and hospital based services; and support family physicians who are managing mental health crisis in their own communities. Multi-sectoral working groups are developing various program delivery requirements including staff resource and training requisites, public education needs and evaluation strategies. The program is anticipated to be in place by late Fall 2001.

Raccoon Rabies Program

Raccoon rabies is a potentially fatal disease in humans, and prevention programs and/or vaccines for humans are very expensive. In response to the threat of the disease which has reached Western New Brunswick, a plan for control of raccoon rabies in PEI is a necessity. To that end there is a Provincial Rabies Committee chaired by the Chief Health Officer, and the Veterinary Association has advised the public to have their dogs and cats immunized. An educational program is now in draft form for grades one to six. A workshop on Raccoon Rabies Vaccine Programs will be held in September of 2001. The program will continue as long as raccoon rabies is a threat to PEI.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Radiology Information System

Significant effort was taken to complete this province wide application which is able to maintain comprehensive patient files that can be accessed at any of the seven acute care facilities in the province. The system provides an integrated solution which will support the operational, management and clinical processes in the sites as they relate to radiology services.

Records Information Management

Records Information Management is being carried out to develop, implement, operate and maintain standardized records management in compliance with methods approved by Government. This initiative will ensure that Department records are appropriately retained, and inactive records are properly destroyed or turned over to the Provincial Archives. During the year additional emphasis was placed on establishing Retention and Disposition Schedules, and the creation of a standardized filing system. Efforts to date have primarily addressed selected areas of the Department, however it is anticipated that all Divisions will be involved within the next year.

Regional Health Board Elections

The province entered the second year of a three-year phased approach to move from appointed boards to combined appointed and elected regional health boards. This provides for increased accountability and broader community ownership in the boards. The appointment of some members helps to balance the complement of elected members, and ensures diverse community representation on the boards. When the transition is completed in December 2001, the majority of members on each board will be elected, representing electoral zones.

Reproductive Care Program

The PEI Reproductive Care Program strives to maximize fetal, maternal, newborn and family health during prenatal and post natal periods. The program is working to sustain the Enhanced Prenatal Psychosocial Assessment as part of standard prenatal care. The program also continues to participate in the multi-year Indoor Air Quality and Health of Infants Study with Health Canada. Now in the fifth year, this study examines the relationship between indoor air quality and infant health to two years of age. An in-service to public health nurses on early assessment of mothers and newborns was also provided.

Resident Care Worker DACUM Chart

The Department contracted Holland College to conduct an occupational analysis for the resident care worker/home support worker. Using the DACUM process, a chart of competencies and skills were developed for this occupational group by a committee representing various perspectives of our health system. The DACUM chart will be used as an industry standard for our health system when considering the education preparation and working role of this occupational group.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Results Measurement Unit

The Results Measurement Unit works with the health regions to provide accountability by measuring the system's performance and reporting the population's health and well being. Work focuses on three major initiatives: reporting on the Federal/Provincial/Territorial Performance Indicator Reporting Committee's 14 required health status, outcomes and services indicators; collecting and reporting on the 26 indicators to be used to measure progress toward the five strategic goals of the health and social services system and; implementing the 26 client outcome, service access, client and staff satisfaction indicators developed by the Program Indicator Project. Reports on these initiatives are expected by September 2002.

Security Infrastructure - Public Key Infrastructure

An approach to the secure exchange of health information over the Internet was adopted utilizing Entrust software and Virtual Private Network technology. During the year this was successfully tested with Island physicians as a means of communications for claims submission and payment. As well, the Division successfully participated in a national pilot led by the Canadian Institute for Health Information which involved PEI, Saskatchewan and Health Canada.

Security Policies Implementation

The Department successfully completed security training for all staff and introduced Government security policies to all staff.

Strategic Plan Coordination

In Fall 2000, the Department began organizing the development of a strategic plan to guide the direction of the health and social services system over the next five years. The regional health boards, MLAs and senior staff in the system were consulted regarding the critical issues and aspects of health and well-being of Islanders to be improved. In December 2000, supervisors and managers were asked to provide their input regarding the strategies needed to meet the challenges identified. With wellness, sustainability and accountability as guiding principles, a draft plan was prepared which outlines five proposed goals where the system wants to significantly improve results: the health status of Islanders; acceptance of responsibility for our own health; sustainability of the system; public confidence in the system; and workplace wellness and staff morale. Public consultations in each health region will be held in May 2000 to receive input on the draft plan. As well, special consultations will also be conducted with non-government organizations, physicians and staff to inform them of the draft plan and address their particular concerns. Input received through the consultations will be integrated into the final planning document which will be completed in Fall 2001.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Sunset Lodge

In March 2001, the Salvation Army announced its decision to close the Sunset Lodge Nursing Home. A Transition Team was put in place to support residents, families and staff through the relocation process, and to implement a timely process to increase long term care beds in the region. Current private sector operators and other interested parties were invited to present expressions of interest to provide nursing care beds to replace the 67 beds at the Lodge. Proposals were evaluated, and plans were approved for establishment of replacement beds. The transfer of residents to the new locations is expected to begin in November 2001 to allow for construction of the new facilities and to maintain staffing levels at Sunset Lodge during the period leading up to the transfer.

Supported Adoption Program

This is a new program which is being developed to encourage and secure the adoption of children with special needs who are in the permanent care of the Director of Child Welfare. New regulations to support the program were drafted while completion of policy work, staff training and coordination with the PEI Disability Support Program is ongoing. The supported Adoption Program is expected to be operational by Fall 2002.

Tobacco Reduction

Smoking is a serious health problem on PEI and a key risk factor for chronic illnesses such as cancer, cardiovascular disease and asthma. As a partner in the PEI Tobacco Reduction Alliance, the Department initiated a new toll-free quit smoking line and quit smoking program. Counselling programs are now available at addiction centres across PEI with over 590 Islanders enrolled or waiting to participate in the program. The Department also launched an evidenced based social marketing campaign to encourage smoke-free homes, sponsored student clubs in high schools to support prevention and cessation activities, and initiated Kick the Nic, a teen smoking cessation program, in nine schools.

West Nile Virus (WNV) Surveillance

A Provincial West Nile Virus Committee is chaired by the Chief Health Officer (CHO) and discusses issues related to WNV in the province. Presently the Wildlife Division of the Department of Fisheries, Aquaculture and Environment takes calls regarding dead birds and picks up birds and delivers them to the Atlantic Veterinary College. The birds are then screened for the virus. A provincial human surveillance program is coordinated from the office of the CHO through physicians and hospitals in PEI. A provincial human surveillance program will continue as long as there is a risk of WNV reaching the Island and activities will escalate if it is diagnosed here.

2000-01 PROJECT HIGHLIGHTS - Cont'd

Women's Addiction Treatment Program

A 1999 Needs Assessment on PEI indicated that the top treatment needs of women are: maintaining sobriety/being drug free (abstinence); developing and maintaining self esteem; and developing self confidence. A women's addiction treatment program was developed based on best practices and current research. The focus of this program is to increase female abstinence from addictive chemicals and to improve the quality of life for women and their families. This program, to be delivered at the Provincial Addictions Treatment Center in Mount Herbert, is to be fully operational by Winter 2001.

Youth Integrated Service Protocol

The intent of this project is to create a more fully integrated continuum of care based on client needs and to develop protocols from which all services working with youth would operate. This project will result in joint planning, management and agreed upon service priorities for youth, with the outcome being a more effective use of resources and more positive outcomes for Island youth. A position paper was presented to Deputy Ministers and a multi-departmental committee is developing a plan for next steps. This plan will be reviewed by the Departments of Health and Social Services, Education and the Office of the Attorney General in the Fall of 2001.

LEGISLATIVE INITIATIVES

(A) Statutes

The *Consent to Treatment and Health Care Directives Act* was proclaimed, and the accompanying regulations approved. This Act safeguards the rights of individuals to make their own decisions about health treatment, allows for substitute decision makers, specifies health care practitioners' obligations regarding consent to treatment and protects them from liability.

The *Vital Statistics Act* and *An Act to Amend the Vital Statistics Act* were proclaimed, and the associated regulations approved. This statute updated the existing legislation and prescribed new fees and forms.

An Act to Amend the Public Health Act was proclaimed with the approval of the Emergency Medical Services Regulations. The Act and regulations provide for enhancements in the administration and delivery of emergency medical services (ambulance), including scope and standards of practice, licensing of operators and technicians, and investigation and disciplinary procedures.

In the Autumn 2000 sitting of the Legislative Assembly, the following statutes were given Royal Assent:

- *Pharmaceutical Information Act* (Bill 4)
- *An Act to Amend the Consent to Treatment and Health Care Directives Act* (Bill 13)
- *Child Protection Act* (Bill 14)

Bill 13 was made effective January 1, 2001. Bills 4 and 14 are awaiting regulations before they can be proclaimed.

In 2000-01 Cabinet approved the printing of the draft *Pharmaceutical Information Act* as well as the draft *Child Protection Act*, and the drafting of a *Denturists Act*.

(B) Regulations

During the fiscal year the following amendments or new regulations were enacted: Standards Regulations pursuant to the *Pharmacy Act;* regulations pursuant to the *Welfare Assistance Act; Health Services Payment Act* Regulations; *Consent to Treatment and Health Care Directives Act* Regulations; Emergency Medical Services Regulations; Registration and Licensing of Nurses Regulations under the *Nurses Act;* Regulations and prescribed forms pursuant to the *Vital Statistics Act; Welfare Assistance Act* Regulations; Swimming Pool and Waterslide Regulations pursuant to the *Public Health Act* (which come into effect June 1, 2001).

The *Licensed Practical Nurses Act* was passed by the PEI Legislature in June 1999, to replace the 1980 *Licensed Nursing Assistants Act*. Regulations are in the process of being drafted in preparation for proclamation.

SENIORS

As Minister Responsible for Seniors, in addition to the other Cabinet responsibilities as Minister of Health and Social Services, the Minister is designated by Government to represent the interests of the senior population in policy and program planning.

The PEI Seniors Advisory Council serves in an advisory capacity to Government, through the Minister Responsible for Seniors, providing advice on issues of concern to Island seniors. Consisting of 12 members representing the health regions of the province, the Council assisted in developing the PEI Seniors Web site, launched in June 2000. Created by the Department in partnership with the Department of Development and Technology, the site was developed in response to requests by seniors and their families to be able to access timely and coordinated information on services for seniors.

In addition to regular meetings with the Seniors Advisory Council, the Minister Responsible for Seniors meets regularly with representatives of other provincial seniors organizations: PEI Senior Citizens Federation; Les francophones de l'âge d'or de l'Î.-P.-É.; PEI Association on Gerontology; and Let Older Volunteers Educate.

The Minister also has responsibility for Provincial and Atlantic initiatives for seniors such as: Integrated Mental Health for Seniors Project; PEI/NS Rural Palliative Care Project; West Prince Tele-hospice Project; Falls Prevention Project; Integration of Services for Seniors and Veterans Project (PEI/Ontario); Culture of Long Life; Shifting Sands: The Changing Shape of Atlantic Canada (Atlantic region project); and the Center for Study on Health and Aging.

RESPONSIBILITIES OF THE REGIONAL HEALTH AUTHORITIES

In 1993 five Regional Health Authorities (West Prince, East Prince, Queens Region, Southern Kings and Eastern Kings) were established as part of the provincial health and social services system. Directly accountable to the Minister of Health and Social Services, each health authority is governed by a local Board of Directors who has the mandate to deliver health and social services to the region for which they are responsible. These services include: addictions; child and family services (financial assistance and support services programs); community mental health; dental; home care and support; hospitals; housing; manors; pharmacy; public health nursing; and environmental health.

The Board of the Regional Health Authority is responsible for achieving acceptable results in its region in the following areas:

Jointly with citizens, families, communities, physicians, other provincial government departments, and non-government health care providers and health and social services organizations:

- Health of citizens of the region
- Individual, family and community acceptance of responsibility for health
- Impact of the physical and social environment on health of citizens
- Independence of citizens with physical, intellectual and financial disabilities
- The quality of housing in the region
- The quality of public policy affecting health in the region
- Sustainability of the regional health and social services system

Jointly with physicians and health care providers:

- Quality of health and social services and their impact on citizens
- Cost effectiveness of health and social services
- Patient, family and client satisfaction
- Equitable access to health and social services
- Health, safety and dignity of those under care
- Public confidence in health care and social services in the region

And is responsible for:

- Workplace wellness and morale of RHA health and social services staff
- Quality and performance of RHA health and social services staff in their conduct of RHA business
- Workplace health and safety of regional staff and volunteers
- Physician / health care / social services provider confidence in RHA

- Relations with other RHAs, Department of Health and Social Services, stakeholders and government and non-government agencies inside and outside of the province
- Quality of monitoring of health outcomes and health and social services system performance
- Condition of RHA facilities and equipment
- Condition of RHA finances
- Compliance with government legislation and regulations
- Enforcement of assigned legislation and regulations

Such other responsibilities and obligations which are agreed to by the Minister and the boards

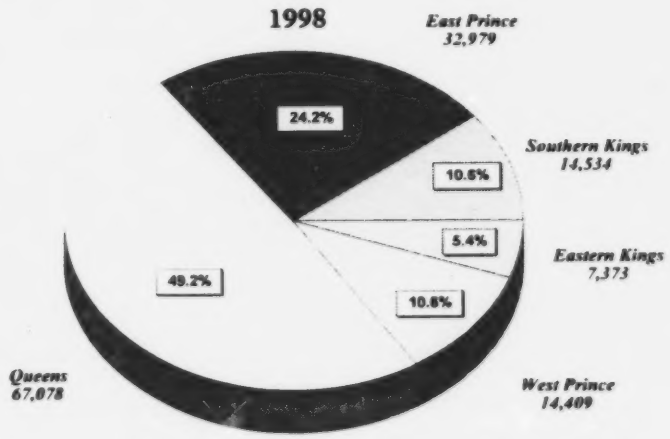
REGIONAL BOARD MEMBERS - 2000/01

AS AT MARCH 31, 2001

Eastern Kings Health	West Prince Health	Southern Kings Health
Weston W. Rose, Chair Thelma MacDonald, Vice Chair Peter F. MacAdam Mary MacPhee Freda McKie Hilda Rossiter Marion Trowbridge	Robbie Thibodeau, Chair Ernest Hudson, Vice Chair Richard Wightman Harry MacAusland Donald Stewart Karen Gaudet Juanita Gaudet	Michael Gallant, Chair David White, Vice Chair Sherry Kacsmarik Thomas Carver Thelma MacLeod Sandra Myers June Glover
Chief Executive Officer	**Chief Executive Officer**	**Chief Executive Officer**
Mark MacPherson	Ken Ezeard	Betty Fraser

East Prince Health	Queens Health
Katherine Kelly, Chair Dr. Allen MacLean, Vice Chair Stewart Affleck Barry Murray Henri Gallant Darcy Sark Ron Maynard Carol Peters Gertrude Trainor	Sylvia Poirier, Chair Leon Loucks, Vice Chair Kristen Connor Dr. Bob Johnson Dr. Don Clark Dr. David McKenna Allan Stewart Doug MacDonald Judy Gillis
Chief Executive Officer	**Chief Executive Officer**
David Riley	Sylvia Barron

POPULATION BY REGION



Source: Demographics Division, Statistics Canada

PROGRAM PROFILES

The Health and Social Services System is committed to being accountable to the public by measuring and reporting results in two major areas: 1. system performance; and, 2. the health status of Islanders.

The following Program Profiles present the current and planned system performance indicators including those that measure how well the programs perform (program performance) and those that measure the impact that programs have on clients' health (client outcomes). The System is also collecting information on the health status of the PEI population including such measures as life expectancy, infant mortality, quality of life, burden of illness and chronic diseases, which will be reported on in the future. These measures will give a picture of how healthy Islanders are, although it may not be possible to tell how much of this is due to the Health and Social Services System because health is determined by many other factors as well, such as income, education and early childhood experience.

With regard to the information provided in the Resources components of the Program Profiles the following should be noted:

HUMAN The number indicated on staff dedicated to a program is to the approximate full-time equivalency; and

FINANCIAL The expenditure amount is rounded off to the nearest thousand dollars.

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ACUTE CARE

PROGRAM DESCRIPTION:

PEI has two referral hospitals (Queen Elizabeth Hospital and Prince County Hospital) and five community hospitals (Kings County Memorial Hospital, Souris Hospital, Western Hospital, Community Hospital and Stewart Memorial Hospital). In addition, a number of acute care services are accessed by Island residents through out-of-province hospitals.

GOVERNANCE/ACCOUNTABILITY:

The Regional Health Authorities are responsible for managing and delivering acute services.

RESOURCES:

HUMAN	Approximate FTE's per acute care facility:		
	Queen Elizabeth Hospital	956	
	Prince County Hospital	354	
	Kings County Memorial Hospital	74	
	Western Hospital	55	
	Community Hospital	60	
	Souris Hospital	57	
	Stewart Memorial Hospital		31
	TOTAL	**1587**	
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 100,184,000	$ 102,334,000	$ 106,774,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of hospital beds
- Number of in-patient admissions and in-patient days
- Average length of stay
- Number of births (includes births in out-of-province hospitals)
- Number of emergency room/out-patient visits
- Number of surgeries (in-patient and out-patient)
- Most common reasons for hospitalization
- Rate of patient management instructions given at discharge for heart failure
- Rate of blood cultures taken before treatment for pneumonia
- Pneumonia screen or pneumococcal vaccination rate

PROGRAM PERFORMANCE:

Current and planned measures

- 30 day in-patient mortality rate for heart attack and stroke
- Total hip replacement and total knee replacement rate
- Hospitalization rates of ambulatory sensitive conditions
- Wait times in emergency departments
- Wait time for hip replacement and knee replacement
- Patient/client satisfaction
- Staff satisfaction

CLIENT OUTCOMES:

Current and planned measures

- Unscheduled re-admissions for heart failure, pneumonia, heart attack and gastrointestinal bleed.

SOME RESULTS:

HOSPITAL BED NUMBERS BY YEAR	1998 - 1999	1999 - 2000	2000 - 2001
Queen Elizabeth Hospital	274	274	274
Prince County Hospital	112	112	112
Kings County Memorial Hospital	30	30	30
Souris Hospital	17	17	17
Western Hospital	27	27	27
Community Hospital	10	10	10
Stewart Memorial	4	4	4
Total (In-Province)	**474**	**474**	**474**
Total (Out-Of-Province)*	50	42	n/a
TOTAL	**524**	**516**	**n/a**
Bed to Population Ratio	3.8	3.8	n/a

** Represents bed equivalency*

- 48% of in-patient days were used by patients 65+ years old at the Queen Elizabeth Hospital and Prince County Hospitals.
- 63-78% of in-patient days were used by patients 65+ years old at community hospitals.

IN PROVINCE HOSPITAL DATA BY YEAR	1998 - 1999	1999 - 2000	2000 - 2001
Number of In-patient Admissions	18,148	17,796	18,280
Number of In-patient days	144,189	148,473	140,716
Average length of stay	8	8	8
Number of Births (includes births in out-of-province hospitals)	1,566	1,546	1,385
Number of Emergency Room/Out-patient visits	125,062	126,696	136,681
Number of In-patient surgeries	5,235	4,852	4,743
Number of Out-patient surgeries	5,911	6,303	6,212

MOST COMMON REASONS FOR HOSPITALIZATION 2000 - 2001	
By Number of Cases	**By Total Hospital Days Used**
1. Gastrointestinal/Digestive Disease	1. Stroke
2. Newborns	2. Gastrointestinal/Digestive Disease
3. Childbirths	3. Simple Pneumonia/Pleurisy
4. Simple Pneumonia/Pleurisy	4. Other Factors (Convalescence, Aftercare)
5. Chest Pain	5. Depressive Mood
6. Asthma	6. Heart Failure

Data Source: PEI Discharge Abstract Database

ADDICTION SERVICES

PROGRAM DESCRIPTION:

Addiction Services provides assessment, counselling, in-patient and out-patient detoxification, early intervention programs, rehabilitation, aftercare, public education, family support and adolescent programs.

GOVERNANCE / ACCOUNTABILITY:

The provincial rehabilitation treatment facility provides services including: in-patient detox, addictions counseling for clients and families, gambling and women's programs and in-patient rehabilitation to all persons in the province. In each of the five health regions, services such as out-patient detox, family counseling, smoking cessation and student assistance programs are offered. The Department works with addiction partners to develop policies, standards, programs, coordination and public awareness on addiction issues.

RESOURCES:

HUMAN	109 FTE Regional and Department Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 3,988,000	$ 4,545,000	$ 5,440,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of clients using programs (In-patient and Out-patient Detox, Out-patient Rehabilitation, Gambling, Women's, Youth, Smoking Cessation and Family Counseling)
- In-patient occupancy rates
- Re-admission rates
- Wait times for admission, diagnosis, service and follow-up care
- Length of follow-up and level of community support
- Unit cost of service
- Client satisfaction
- Staff satisfaction

CLIENT OUTCOMES:

Current and planned measures

- Abstinence rates
- Rate of alcohol consumption
- Functional status (ability to function on a daily basis)
- Number of clients able to maintain work and family commitments while receiving treatments
- Number of clients using out-patient programs to make an earlier transition to the community
- Number of clients using early intervention programs compared to the number using in-patient detox

SOME RESULTS (for Provincial Addiction Facility):

Out-patient programs:

- About 115 people used the new out-patient detox program in the first eight months.
- The number of women using out-patient detox is 10% higher than the number using in-patient detox.
- Approximately 50% of out-patient clients have entered the program directly without a previous stay in in-patient detox.
- A higher percentage of women entering out-patient programs directly ie: 65%

ADOPTION SERVICES

PROGRAM DESCRIPTION:

Adoption Services recruits adoptive families for Island children in need of alternative family situations. The Program monitors private sector adoptions to ensure they comply with legislated standards. In addition, assistance is given to people with international adoptions. A client service for adult adoptees and birth families who seek information and/or reunions is also provided.

GOVERNANCE / ACCOUNTABILITY:

Delivered by the Department, Adoption Services consults with the regions regarding moving children to adoption and supervising and supporting adoption placements.

RESOURCES:

HUMAN	9.5 FTE Regional and Department Staff
FINANCIAL	*This program is funded under the overall budget for Child Protection Services*

PROGRAM PERFORMANCE:

Current and planned measures

- Number of adoptions (including private and international adoptions)
- Number of new applications for Post Adoptive Services
- Number of matches
- Number of successful adoptive placements
- Rate of placement for children with adoptive needs
- Wait times for assessment and placement for children with adoptive needs
- Number of Permanent Wards adopted
- Number of applicants and approved families for adoptions
- Number of inquiries for adoptions (including private and international adoptions)

CLIENT OUTCOMES:

Current and planned measures

- Positive outcomes for Children in Care who are adopted

SOME RESULTS:

- Decrease in the number of Permanent Wards adopted
- Decline in the number of applicants and approved families for adoptions
- Increase in the wait time for assessment of adoptive applicants, especially for Queens Region
- Increasingly difficult to find families willing to adopt children with special needs without an ongoing supported adoption program
- Increasing number of inquiries about international adoptions

Number of Adoptions on PEI 1997 - 2001

FISCAL YEAR	1997 - 1998	1998 - 1999	1999 - 2000	2000 - 2001
Total	23	29	37	23
Private (includes step parent)	17	22	27	16
Departmental	5	7	9	6
International (Private)	1	0	1	1

New Applications for Post Adoptive Services on PEI 1997 - 2001

FISCAL YEAR	1997 - 1998	1998 - 1999	1999 - 2000	2000 - 2001
New Applications	73	57	83	71
Services Provided	118	140	114	64
Active Searches for Adoptive Parents/Children	48	47	39	23
Matches	7	15	9	6

Permanent Ward Adoptions on PEI 1980s - 1990s

Decade	1980 - 1989	1990 - 1999
Average Number of Low Risk Infant Adoptions per Year	9	4
Average Number of Special Needs Adoptions per Year	9	5
Total Numbers of Permanent Ward Adoptions	175	90

AMBULANCE SERVICES - AIR AMBULANCE

PROGRAM DESCRIPTION:

Emergency air evacuation services are contracted/purchased from New Brunswick Air Care and Nova Scotia Emergency Health Services. At a cost of $11,000 per transfer, this is a comprehensive service to be recommended by physicians only when patients meet criteria for critical transfer.

GOVERNANCE / ACCOUNTABILITY:

This service is monitored by the Department, based on standards and performance criteria established in Memorandum of Agreements with the provinces of Nova Scotia and New Brunswick.

RESOURCES:

FINANCIAL	1998 - 1999	1999 - 2000	2000 - 2001
EXPENDITURE	$ 501,000	$ 431,000	$ 580,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of air ambulance transfers
- Compliance with response time and flight time standards
- Compliance with qualification and training standards for aircraft personnel
- Compliance with Flight Safety Program

SOME RESULTS:

AIR AMBULANCE TRANSFERS	1998 - 1999	1999 - 2000	2000 - 2001
New Brunswick Air Care	8	3	7
Nova Scotia EHS	41	39	48
TOTAL	49	42	55

AMBULANCE SERVICES - GROUND AMBULANCE

PROGRAM DESCRIPTION:

Ground Ambulance 24 hour, 7 days per week, pre-hospital emergency services are provided by five private operators.

GOVERNANCE / ACCOUNTABILITY:

The operators are subsidized through the PEI Ambulance Assistance Program which is administered by the Department. The Emergency Medical Services Board licenses and monitors the service to ensure compliance with legislated standards and regulations.

RESOURCES:

HUMAN	0.7 FTE Department Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 1,683,000	$ 1,771,000	$ 2,781,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of calls to Ambulance Services (including out-of-province transports)
- Number of out-of-province transports
- Number of repatriations (returns to PEI)
- Wait time from receiving call to ambulance leaving, en route to the scene
- Compliance with patient care protocols
- Compliance with Ambulance Vehicle Maintenance Program
- Patient Satisfaction
- Completeness of Call Report Forms and Incident Reports

SOME RESULTS:

- The number of calls to ambulance services has increased by 16.5% since 1998 - 1999
- The number of out of province transports has increased by 28% since 1998

BREAKDOWN OF CALLS BY AMBULANCE SERVICE 1998 - 2001:

AMBULANCE SERVICE	1998 -1999	1999 -2000	2000 -2001
Neils	2,909	2,708	3,297
Royal	1,655	1,788	2,042
Rooneys	725	911	790
West Prince	661	643	764
Kings County EMS	1,334	1,411	1,597
TOTAL	**7,284**	**7,461**	**8,490**

OUT OF PROVINCE AMBULANCE TRANSPORTS 1998 - 2001[1]:

AMBULANCE TRANSPORTS	1998 - 1999	1999 - 2000	2000 - 2001[2]
Transports from PEI to Out of Province Hospitals	226	225	332
Repatriations Back to PEI	178	195	187
TOTAL	**404**	**420**	**519**

[1]Out of Province Transports are included in the Total Calls identified in the above table
[2]Out of Province Medical Transport Support Program was established effective April 1, 2000

CHILD PROTECTION

PROGRAM DESCRIPTION:

Child Protection responds to the need to involve legal processes that aid in the resolution of child protection matters to ensure sensitivity to the developmental needs of the child. The overall goal is to prevent, remove or lessen the causes of child abuse or neglect.

GOVERNANCE / ACCOUNTABILITY:

The Regional Health Authorities are responsible for local operations and delivery of child protection services. The Department has overall administration and enforcement functions including legal and operational support and investigations.

RESOURCES:

HUMAN	60 FTE Regional and Department Staff *These positions focus in whole or in part on Child Protection*			
FINANCIAL	**1997 -1998***	**1998 - 1999***	**1999 - 2000***	**2000 - 2001***
EXPENDITURE	$ 4,090,000	$ 4,278,000	$ 4,679,000	$ 5,149,000

* *Includes departmental budgets, children in care special allowance costs, maintenance of children costs and provincial group home-costs*

PROGRAM PERFORMANCE:

Current and planned measures

- Number of Child Protection files per year
- Number of Children in Care per year
- Number of active cases of Children in Care
- Number of days for Children in Care
- Number of "Children in Need" provided with legal support
- Number of Intake investigations completed within three months
- Number of focused interventions completed within six months
- Wait time for assessment for Children in Care
- Unit cost of services for Children in Care

CLIENT OUTCOMES:

Current and planned measures

- Functional status for Children in Care

SOME RESULTS:

- Reduction in number of reports requiring child welfare services
- Reduction in percentage of children coming into care relative to number of protection services open
- Reduction in total number of children in care days per child
- Reduction in time between service open and service closed
- Increasing numbers of Child Protection investigations in East Prince and in Queens Region

Child Protection Files by Region 1998 - 2001

FISCAL YEAR	1998 - 1999	1999 - 2000	2000 - 2001
West Prince	117	110	102
East Prince	130	144	189
Queens	220	293	333
Southern Kings	42	39	44
Eastern Kings	23	23	19
TOTAL	**532**	**609**	**678**

Children in Care By Region

FISCAL YEAR	CARE DAYS 1999 - 2000	TOTAL CHILDREN	CARE DAYS 2000 - 2001	TOTAL CHILDREN
West Prince	5,567	28	6,499	30
East Prince	12,241	70	13,216	72
Queens	36,232	174	39,915	175
Southern Kings	7,308	31	8,166	29
Eastern Kings	1,405	10	2,370	11
TOTAL	**62,753**	**313**	**70,166**	317

Total Number of Active Cases where Legal Support was Provided to Children in Need on Behalf of the Director of Child Welfare (Other than Criminal Code)

Calendar Year	1997 - 1998	1998 - 1999	1999 - 2000	2000 - 2001
Clients Represented	37	72	83	72

COMMUNITY CARE FACILITIES

PROGRAM DESCRIPTION:

A Community Care Facility (CCF) is a privately operated licensed establishment with five or more residents. These facilities provide semi-dependent seniors, and semi-independent physically disabled and mentally handicapped adults with accommodation, housekeeping, supervision of daily living activities, meals, and personal care assistance in grooming and hygiene. CCFs receive per diems for residents who require subsidization under the Welfare Assistance Program.

GOVERNANCE / ACCOUNTABILITY:

CCFs are licensed by the Community Care Facilities and Nursing Homes Board. In addition, the Board monitors the facilities for compliance with legislated standards and regulations.

RESOURCES:

FINANCIAL	*This program is funded under the overall Welfare Assistance Program budget*

PROGRAM PERFORMANCE:

Current and planned measures

- Number of licensed community care facility beds

SOME RESULTS:

- The number of licensed Community Care Facility beds has increased by 12.5% since 1998

LICENSED COMMUNITY CARE BEDS	1998 - 1999	1999 - 2000	2000 - 2001
West Prince	91	91	91
East Prince	190	243	243
Queens	369	379	423
Southern Kings	92	92	82
Eastern Kings	32	32	32
TOTAL	**774**	**837**	**871**

DENTAL PUBLIC HEALTH

PROGRAM DESCRIPTION:

Dental Public Health (DPH) assists Islanders achieve and maintain good dental health. Depending upon the nature of the treatment the service is provided by either DPH staff or a private dentist. Programs offered are Children's Dental Care Program, Preventive Orthodontic Program, Long Term Care Facilities Dental Program, Early Childhood Dental Initiatives and Cleft Palate Orthodontic Treatment Funding Program.

GOVERNANCE / ACCOUNTABILITY:

Dental Public Health is delivered and administered across the province by the Queens Region Health Authority. The provision and monitoring of services provided by participating private dentists is through program fee guides with the Dental Association of PEI.

RESOURCES:

HUMAN	23 FTE Regional Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 2,060,000	$ 2,106,000	$ 2,315,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of children receiving dental services through Dental Public Health
- Number of children registered with Preventive Orthodontic Clinic
- Number of children treated with orthodontic appliances
- Number of children receiving preventive dental services
- Number of children screened by Early Childhood Dental Programs
- Number of clients screened in long-term care facilities

CLIENT OUTCOMES:

Current and planned measures

- Rates of tooth decay, missing or filled teeth

SOME RESULTS:

- The utilization rate of the Children's Dental Care Program is 69% for children 3 - 17.
- Grade 6 and 7 children averaged 0.9 decayed, missing or filled teeth.
- 65% of 12 and 13 year old children have not experienced decay on their permanent teeth.

CATEGORY	1999 - 2000	2000 - 2001
Children receiving dental services through Dental Public Health	17,988	17,482
Children registered with Preventive Orthodontic Clinic	516	513
Children treated with Orthodontic Appliances	287	289
Children receiving preventive dental services	6,861	6,861
Children screened by Early Childhood Dental Program	600	778
Clients screened in long-term care facilities	886	1,002

DIABETES

PROGRAM DESCRIPTION:

The Provincial Diabetes Program provides information on living with diabetes to all persons with the disease and their families. Centres in the Queens and East Prince regions offer the Pediatric Program, Gestational Program, Insulin Initiation and individual assessment and follow up. Group sessions include Getting Started (done on an individual basis throughout the rest of the province) and Living Well with Diabetes (held biannually in the West Prince, Southern Kings and Eastern Kings Regions).

GOVERNANCE / ACCOUNTABILITY:

The Provincial Diabetes Program is delivered and administered across the province by the Queens Regional Health Authority. Regional coordinators in the other four regions help arrange services such as access to nutrition services as well as providing initial assessment and education.

RESOURCES:

HUMAN	3.8 FTE Regional Staff
FINANCIAL	$ 253.000 budget for 2000/01

PROGRAM PERFORMANCE:

Current and planned measures

- Number of programs/clinics offered by type
- Number of participants in programs/clinics by type
- Number of referrals by region

SOME RESULTS:

Programs/clinics and participants

	1999 - 2000	2000 - 2001
Pediatric Clinic	2 pediatric clinics 15 children diagnosed	5 pediatric clinics 12 children diagnosed
Individual gestational diabetes monitoring	Charlottetown - 22 clients Summerside - 5 clients	30 clients
Individual insulin initiation	Charlottetown - 36 clients Summerside - 7 clients	Charlottetown - 26 clients
Individual assessment and follow-up	Limited formal assessment done	The assessment process began May 1, 2000
Insulin education group Program		Queens Region - 5 programs
Getting Started Program	Survival skills were done in the hospital prior to May 2000.	Queens Region - 18 programs - 117 clients - 44 family members
Living Well with Diabetes Course	Charlottetown - 20 courses - 265 participants Montague - 2 courses - 23 participants Souris - 1 course - 4 participants Summerside - 13 courses - 136 participants O'Leary - 2 courses - 26 participants	Charlottetown - 17 courses - 174 participants Montague - 1 course - 10 participants Souris - 1 course - 15 participants Summerside - 16 courses - 162 participants O'Leary - 2 course - 13 participants Lennox Island - 1 course - 9 participants

Program Referrals

	Queens	Eastern Kings	Southern Kings	East Prince	West Prince	TOTAL
New referrals (diagnosis less than 6 months)	240	10	28	N/A	31	**309**
New referrals (diagnosis more than 6 months)	50	23	11	N/A	14	**98**
Re-referrals	129	3	11	N/A	31	**174**

DIALYSIS

PROGRAM DESCRIPTION:

The PEI Home Dialysis Program provides for dialysis treatment in one of two modalities, hemodialysis or peritoneal dialysis. Hemodialysis requires the individual to receive treatment under the direct supervision of a registered nurse and is offered in each of the five regional Home Care sites across the province and two private residences. Peritoneal dialysis is managed by the individual in their homes with the assistance of family members or other informal caregivers. Support is provided by Home Care nursing for the patient and their family in the area of dressing and tubing changes, teaching and education.

GOVERNANCE / ACCOUNTABILITY:

The Program is under the medical direction of the Nephrology Team of the Queen Elizabeth II Health Sciences Centre in Halifax, Nova Scotia. Delivery of the program is the responsibility of the Regional Health Authorities. The Department is responsible for program administration and has a part-time Coordinator who functions as a provincial liaison between the PEI and NS programs, as well as with the Regional Home Care Managers. A provincial advisory committee is currently being established.

RESOURCES:

HUMAN	10.8 FTE Regional and Department Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 675,000*	$ 788,000*	$ 735,000*

* *Represents provincial allocations only. Regional Home Care Programs also provide direct service delivery as part of the Regional Home Care budget. The specific breakdown is not available as a separate budget item.*

PROGRAM PERFORMANCE:

Current and planned measures

- Yearly average number of people receiving hemodialysis and peritoneal dialysis

SOME RESULTS:

Yearly average number of PEI residents receiving dialysis:

	1995	**1996**	**1997**	**1998**	**1999**	**2000**
Hemodialysis	8	8	7	10	14	20
Peritoneal	22	26	31	24	27	20
TOTAL	**30**	**34**	**38**	**34**	**41**	**40**

DISABILITY SUPPORT PROGRAM

PROGRAM DESCRIPTION:

The PEI Disability Support Program has three main components: employment and vocational services; child disability supports and early intervention; and adult disability supports. Available in all regions across the province the program provides personal care support, early intervention therapy and support for preschool children with autism spectrum disorder, prosthesis and employment support.

GOVERNANCE / ACCOUNTABILITY:

The Department is responsible for the development of program policies, standards and communications
of the Disability Support Program, as well as the delivery of the Pre-School Autism Early Intervention Program across the Island. Delivery of all other components of the Disability Support Program is done through the Regional Health Authorities.

RESOURCES:

HUMAN	21 FTE Regional and Department Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 21,000*	$ 91,000*	$ 374,000**

* *Investments in autism spectrum disorder only*

** *Does not include program monies for disability support which were previously under financial assistance, family support and EAPD programs*

*** *For 2001/02 all program funds, including autism, are combined and have budget of $7.4 million*

PROGRAM PERFORMANCE:

Current and planned measures

- Number of people accessing disability supports
- Number of children accessing disability supports
- Number of monitoring and evaluation mechanisms in place
- Number of training processes in place
- Level of client centeredness in service delivery

DRUG COST ASSISTANCE PROGRAMS

PROGRAM DESCRIPTION:

These programs provide financial assistance to eligible persons for drug costs, professional pharmaceutical consultation services to clients, government and regional authority institutions and programs and as well, an economical source of medications to the provincial health and social services system. The programs include the Diabetes Control Program, Family Health Benefit Program, Financial Assistance Program, Multiple Sclerosis Drug Program, Seniors Drug Cost Assistance Plan, Nursing Home Program and Disease Specific Programs.

GOVERNANCE / ACCOUNTABILITY:

The programs are delivered through community retail pharmacies and the Provincial Pharmacy which is operated by, and located within the Queens Regional Health Authority. Program delivery by the retail pharmacies is monitored by the Department through service delivery agreements with the PEI Pharmaceutical Association.

RESOURCES:

HUMAN	13.2 FTE Regional and Department Staff	
FINANCIAL	**1999 - 2000**	**2000 - 2001**
Diabetes Control Program	$ 597,000	$ 920,000
Family Health Benefit Program	$ 26,000	$ 56,000
Financial Assistance Program	$ 2,400,000	$ 3,026,000
Multiple Sclerosis Drug Program	$ 440,000	$ 607,000
Seniors Drug Cost Assistance Plan	$ 5,678,000	$ 6,630,000
Other Drug Programs	Not Available	$ 2,673,000

PROGRAM PERFORMANCE:

Current and planned measures

For Diabetes Control, Family Health Benefit, Financial Assistance, Multiple Sclerosis Drug and Senior Drug Cost Programs:

- Number of clients registered
- Number of clients receiving benefits
- Number of paid claims
- Average number of claims per client
- Average cost per client
- Average cost per claim

SOME RESULTS:

DIABETES CONTROL PROGRAM*	2000 - 2001
Number of Clients Registered	5,030
Number of Clients Receiving Benefits	3,836
Number of Paid Claims	30,396
Average Number of Claims Per Client	7.92
Average Cost per Client	$ 223.89
Average Cost per Claim	$ 28.26

* *Program statistics are not available for the 1999-2000 fiscal year*

FAMILY HEALTH BENEFIT PROGRAM	1999 - 2000	2000 - 2001
Number of Clients Registered	560	925
Number of Clients Receiving Benefits	223	321
Number of Paid Claims	977	1,752
Average Number of Claims per Client	4.38	5.46
Average Cost per Client	$ 118.38	$ 175.80
Average Cost per Claim	$ 27.02	$ 32.21

FINANCIAL ASSISTANCE PROGRAM*	2000 - 2001
Number of Clients Registered	12,462
Number of Clients Receiving Benefits	6,132
Number of Paid Claims	97,012
Average Number of Claims Per Client	15.82
Average Cost per Client	$ 472.39
Average Cost per Claim	$ 29.86

* *Program statistics are not available for the 1999-2000 fiscal year*

MULTIPLE SCLEROSIS DRUG PROGRAM	1999 - 2000	2000 - 2001
Number of Clients Registered	50	75
Number of Clients Receiving Benefits	39	53
Number of Paid Claims	324	450
Average Number of Claims per Client	8.31	8.49
Average Cost per Client	$ 11.228.00	$ 11.456.08
Average Cost per Claim	$ 1.389.69	$ 1.349.27

SENIORS DRUG COST ASSISTANCE PROGRAM	1999 - 2000	2000 - 2001
Number of Clients Registered	19.482	19.629
Number of Clients Receiving Benefits	12.444	12.955
Number of Paid Claims	153.210	170.571
Average Number of Claims per Client	12.31	13.17
Average Cost per Client	$ 456.05	$ 507.72
Average Cost per Claim	$ 37.04	$ 38.56

ENVIRONMENTAL HEALTH

PROGRAM DESCRIPTION:

Environmental Health assists the Chief Health Officer in carrying out duties and enforcement under the *Public Health Act.* In addition, Environmental Health promotes and establishes, through education, consultation and inspection, standards consistent with the Act. The inspection programs conducted by Environmental Health include eating establishments and licensed premises, rental accommodations, tobacco sales to minors, slaughterhouses, summer trailer courts, tenting and camping areas, and institutional facilities such as day care centres, kindergartens, community care facilities, hospitals, nursing homes and correctional facilities.

GOVERNANCE / ACCOUNTABILITY:

Environmental Health is delivered and managed by the Queens Regional Health Authority, and services all health regions in the province.

RESOURCES:

HUMAN	5 FTE Regional Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURES	$ 330,000	$ 387,000	$ 422,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of indoor air quality analyses
- Number of food training courses offered
- Number of inspections (swimming pool, food dispensing establishment, rental accommodation, child care facility and environmental health)
- Number of tobacco legislation compliance checks

CLIENT OUTCOMES:

Current and planned measures

- Incidence of reported food borne illness
- Level of awareness and knowledge regarding safe food handling protocols

SOME RESULTS:

TABLE	1999 - 2000	2000 - 2001
Indoor Air Quality Analysis	125	142
Food Training Courses	11	11
Swimming Pool Inspections	89	87
Food Dispensing Establishment Inspections	1,600	1,500
Rental Accommodation Inspections	65	68
Childcare Facility Inspections	134	134
Tobacco Compliance Checks	1,559	1,293
Environmental Health Investigations	330	299

FAMILY HOUSING

PROGRAM DESCRIPTION:

This program provides subsidized housing to low and moderate income families who are unable to obtain adequate and affordable accommodation in the private market place. The units, with rents based on 25% of income, are situated in nine communities across the province.

GOVERNANCE / ACCOUNTABILITY:

Nine local Housing Authorities (community residents appointed by Executive Council) are responsible for day-to-day management of the projects which includes tenant selection, rent collection and maintenance. Health Authority staff in each region process applications and provide policy direction and technical support to these Boards.

RESOURCES:

HUMAN	10.7 FTE Regional and Department Staff *These positions also work in part in Seniors Housing*			
FINANCIAL	**1997 - 1998**	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 2,640,000	$ 2,590,000	$ 2,640,000	$ 2,570,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of units
- Number of new applications
- Number of placements
- Number of families on waiting lists
- Turnover rates

SOME RESULTS:

Family Units 1997 - 2001

Fiscal year	**1997 - 1998**	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
Units	461	461	461	479
Placements	77	86	86	67
New Applications	328	319	325	290
Waiting List	920	850	734	944

Family Housing Turnover Rate 1997 - 2001

Fiscal year	1997 - 1998	1998 - 1999	1999 - 2000	2000 - 2001
Units Available	16.7%	18.6%	18.6%	14.55%

Waiting Lists by Region 1997 - 2001

Fiscal year	1997 - 1998	1998 - 1999	1999 - 2000	2000 - 2001
West Prince	61	59	71	113
East Prince	139	167	167	167
Queens Region	612	503	390	550
Southern Kings	96	106	100	100
Eastern Kings	12	15	6	14

FINANCIAL ASSISTANCE

PROGRAM DESCRIPTION:

Financial Assistance has three primary elements: assistance, in cash or services, to those unable to meet their own basic needs (food, clothing, shelter, etc.) or to meet needs due to emergencies; services to help promote or restore self-sufficiency; and services to prevent social dependency.

GOVERNANCE / ACCOUNTABILITY:

Delivery of the Financial Assistance Program is through the five Regional Health Authorities while the Department role is in the area of policy and standards development. The Welfare Assistance Appeals Board (members from across the province appointed by Executive Council) is responsible for reviewing appeals from applicants and beneficiaries.

RESOURCES:

HUMAN	50.5 FTE Regional and Department Staff			
FINANCIAL	**1997 - 1998**	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 38.3M	$ 35.9M	$ 31.4M	$ 30.3M

PROGRAM PERFORMANCE:

Current and planned measures

- Change in Welfare Assistance caseload over time
- Change in Welfare Assistance expenditures over time

CLIENT OUTCOMES:

Current and planned measures

- Number of Islanders living independently without Welfare Assistance

SOME RESULTS:

Welfare Assistance Caseload by Fiscal Year 1997 - 2001

Fiscal Year	**1997 - 1998**	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
Caseload size	5,465	5,143	4,668	4,213
Caseload change	-1.7%	-5.9%	-9.2%	-9.75%
Program costs	$ 38.3M	$ 35.9M	$ 31.4M	$ 30.3M
Cost change	-0.8%	-6.3%	-12.5%	-3.5%

FOSTER CARE SERVICES

PROGRAM DESCRIPTION:

The purpose of this program is to ensure there are a range of assessed, trained and supported family homes across the province to provide care to children who are in provincial care through Child Welfare Services. The program contracts with families to meet existing and anticipated housing and care needs
for this population.

GOVERNANCE / ACCOUNTABILITY:

The program is delivered by the five health regions. The contracted families may be affiliated through regional associations and a Provincial Federation. A Non-Government Service Contract with the Federation is monitored by the Department for compliance. The Director of Child Welfare is responsible for the administration and enforcement of the Foster Care Program.

RESOURCES:

HUMAN	24 FTE Regional and Department Staff *These positions may work in whole or in part with the Foster Care Program*
FINANCIAL	*This program is funded under the overall Child Protection budget*

PROGRAM PERFORMANCE:

Current and planned measures

- Number of children placed in foster care or kinship care
- Number of foster care homes and new foster care homes
- Length of time to complete assessment Children in Care
- Number of "inactive" foster care families
- Number of children placed in other regions
- Number of families leaving the foster care program
- Number of children with special needs in foster care
- Number of "in care" days
- Unit cost of service for Children in Care

CLIENT OUTCOMES:

Current and planned measures

- Functional status of Children in Care (ability to function in daily life)

SOME RESULTS:

- Decrease in number of available foster homes
- Decrease in number of new families entering foster care
- Increase in number of families leaving regular foster care program
- Increase in number of kinship or relative foster families
- Increase in special needs of Children in Care
- Increase in number of "in care" days

Foster Care Homes By Region 1999 - 2001

Region	West Prince	East Prince	Queens	Southern Kings	Eastern Kings	Totals
1999 - 2000	19	33	58	2	7	139
2000 - 2001	17	33	73	23	6	152

New Foster Care Homes By Region 1999 - 2001

Region	West Prince	East Prince	Queens	Southern Kings	Eastern Kings	Totals
1999 - 2000	6	9	6	6	2	29
2000 - 2001	4	7	20	4	0	35

HEALTH INFORMATION RESOURCE CENTRE

PROGRAM DESCRIPTION:

The Health Information Resource Centre (HIRC) provides Islanders with free access to reliable and timely information to help them make more informed choices about their health and the health of their families. Information on health topics, disease conditions, and available supports and services is available by visiting the Provincial Centre in Charlottetown or one of the satellite sites across the province, calling the Centre's toll-free number, or through its Web site. The Centre also provides Community Access Program and Canadian Health Network services.

GOVERNANCE / ACCOUNTABILITY:

IRC is a service provided by the Department. The Centre has a Coordinating Committee with representation from users of the service, health professionals, health system, community organizations and the private sector.

RESOURCES:

HUMAN	3 FTE Department Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 99,000	$ 131,000	$168,000
REVENUE		$ 20,000	$ 91,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of requests for information
- Client satisfaction

CLIENT OUTCOMES:

Current and planned measures

- Individual use of health information obtained from HIRC

SOME RESULTS:

Utilization is steadily increasing, especially Internet usage

Utilization (includes walk-in, telephone and Internet service)	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
Requests for Information	12,000*	15,599	27,204

* *includes 1047 Provincial Patient Registry calls*

1997 Survey

- Client satisfaction was high among consumers, health organizations and physicians

1997 Survey

Individual used health information obtained from HIRC to:	**% of Clients**
Increase their knowledge about a particular health issue of problem	87.5
Take care of themselves	56
Learn how to cope with a disease or health problem	56
Raise issues with a health professional	43.7
Help make treatment decisions	37.5
Help take care of someone else who had a health problem	31
Improve lifestyle or prevent a future health problem	25
Understand more about drugs taken	12.5

HOME CARE

PROGRAM DESCRIPTION:

Home Care provides assessment and care planning to medically stable individuals, and defined groups of individuals with specialized needs, who without the support of the formal system, are at risk of being unable to stay in their own home, or are unable to return to their own home from a hospital or other care setting. The PEI Home Care Support Programs include: Home Care Nursing, Home Dialysis Program, Visiting Homemakers, Community Support Workers, Occupational Therapy, Physiotherapy, Adult Protection, and Long Term Care Placement. Other services such as Social Work, Nutrition and Speech Therapy may be accessed through regional resources.

GOVERNANCE / ACCOUNTABILITY:

The five Regional Health Authorities have responsibility for delivery of the programs. The Department is responsible for policy and standards development.

RESOURCES:

HUMAN	115 FTE Regional and Department Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 5,132,000	$ 5,790,000	$ 6,225,000

PROGRAM PERFORMANCE:

Current and planned measures

- Average monthly caseload (total and by client groups)
- Number of admissions and discharges per month
- Age distribution of clients
- Acuity level of clients
- Client satisfaction
- Staff satisfaction
- Unit cost of service for Continuing Care client group
- Admission to public home care services per capita (general and over 75 years old)
- Percentage of population receiving various home care services (e.g. nursing, homemaker, occupational therapy, etc.)

CLIENT OUTCOMES:

Current and planned measures

- Change in functional status for Continuing Care client group (ability to function in daily life)
- Level of symptom control
- Level of care giver burden

SOME RESULTS:

Average Caseload:
- Approximately 1,600 clients per month

Utilization:
- About 3,500 - 4,000 Islanders utilize the public home care system per year
- Approximately 6.7% of seniors use the public home care system per month

Monthly admissions and discharges:
- Approximately 160 admissions and discharges per month

Age Distribution of clients:
- Approximately 78% of home care clients were over age 65, and 45% were over age 80

Acuity Levels:
- Increased acuity of clients due to earlier hospital discharge and growing number of hospital outpatient procedures and treatments

Services used:
- Approximately 75% of clients are in the Continuing Care client group (i.e. clients with long term chronic illness or functional disability)
- 2.5% receive dialysis support
- 3.6% receive palliative care

JOB CREATION / EMPLOYMENT ENHANCEMENT PROGRAMS

PROGRAM DESCRIPTION:

The Job Creation Program (JCP) was designed to assist social assistance recipients to retain or to learn new work skills through short-term employment as they move toward independence. JCP generally provides for a wage subsidy that is cost-shared with the employer. The Employment Enhancement Program (EEP) is intended to assist social assistance recipients by providing work and training opportunities that help remove barriers to employment. This is part of case planning done with the client to assist them in eventually exiting the Financial Assistance Program.

GOVERNANCE / ACCOUNTABILITY:

Delivery of both programs across the province is through the Regional Health Authorities. Policies and standards development are the responsibility of the Department.

RESOURCES:

HUMAN	14 FTE Regional Staff				
FINANCIAL	**1996 - 1997**	**1997 - 1998**	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	S 1.5M	S 1.4M	S 1.8M	S 1.9M	S 1.8M

PROGRAM PERFORMANCE:

Current and planned measures

- Number of clients in Job Creation Program and Employment Enhancement Program placements

CLIENT OUTCOMES:

Current and planned measures

- Number of clients actively participating in the labour force upon completion of placements

SOME RESULTS:

Job Creation Program (JCP) and Employment Enhancement Program (EEP) placements 1997 - 2001

Fiscal year	**1997 - 1998**	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
JCP	1,015	1,032	897	822
EEP	1,429	1,024	814	1,727
Totals	**2,444**	**2,056**	**1,711***	**2,549**

* *This reflects a change in data tracking methods*

LONG TERM CARE

PROGRAM DESCRIPTION:

There are a total of 18 private and government operated long-term care facilities in the province. Individuals who are eligible for nursing home placement are assessed as requiring 24 hour Registered Nurse supervision. Payment for long-term care is the responsibility of the individual. However, when a resident is unable to afford the service they may apply for financial assistance to have the province subsidize their cost.

GOVERNANCE / ACCOUNTABILITY:

The Community Care Facilities and Nursing Homes Board licenses private nursing homes and is mandated to monitor these facilities for compliance with legislated standards and regulations. The government nursing homes/manors are operated and managed by the Regional Health Authorities.

RESOURCES:

HUMAN	624 FTE Regional Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 31,052,000	$ 33,967,000	$ 35,792,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of private and public nursing home beds
- Number of nursing home admissions
- Average number of people on wait list
- Average length of stay in nursing homes
- Average age on admission
- Percentage of nursing home residents receiving subsidy
- Percentage of nursing home residents at various levels of care
- Client and family satisfaction

SOME RESULTS:

Number of Private and Public Nursing Home Beds By Region

REGION	1998 - 1999		1999 - 2000		2000 - 2001	
	Private	Gov't	Private	Gov't	Private	Gov't
West Prince	-	64	-	64	-	64
East Prince	46	172	46	172	46	172
Queens	320	208	320	207	320	207
Southern Kings	31	51	31	51	41	51
Eastern Kings	-	53	-	52	-	52
Total	**397**	**548***	**397**	**546***	**407**	**546***
Grand Total	**945**		**943**		**953**	

Approximately 62% of residents in private homes are subsidized and about 78% of residents in government facilities. Overall, 72-75% of residents are subsidized in long term care at any one time.

** Note: Includes 11 respite beds in Government Nursing Homes*

LONG TERM CARE ADMISSIONS	1998 - 1999	1999 - 2000	2000 - 2001
Admissions	380	353	350
Average Number of People on Wait List	30	54	41
Average Age on Admission	82.6	85.5	82.2
Average Length of Stay*	2.4 yrs	2.5 yrs	2.7 yrs

* *These figures represent average length of stay for 96-98% of residents. A small number of residents who have been in long term care for more than 10 years have not been included in the calculation.*

Changes in Level of Care

Over the past 10 years there have been significant changes in the level of care of nursing home residents. Since the introduction of coordinated system entry in 1996, level 1-3 clients are no longer eligible for admission to nursing level of care. These individuals can generally be supported at home, in community care facilities, or other supported living accommodations. Level 4 and 5 clients require 24 hour supervision by a registered nurse.

LEVEL OF CARE	1990 - 1991	2000 - 2001
LEVEL 1	0.4%	0%
LEVEL 2	16.1%	0%
LEVEL 3	46.0%	3.4%
LEVEL 4	25.2%	56.9%
LEVEL 5	12.3%	39.6%

MENTAL HEALTH SERVICES

PROGRAM DESCRIPTION:

A new model for Provincial Mental Health Service Delivery places emphasis on the development of a crisis response system, and expansion of community based services which include: initial assessment, education, support and linkages with other service providers as well as consultation, treatment and ongoing support. In-patient programs are provided at the Prince County Hospital, Queen Elizabeth Hospital and Hillsborough Hospital. Provincial Programs include child psychiatry, psychiatric consultation and psycho geriatrics for seniors; and an enhanced Children's Mental Health Network for children from birth to 18 years and their families.

GOVERNANCE / ACCOUNTABILITY:

Mental Health Programs are delivered by the Regional Health Boards and community partners. Community Mental Health programs delivered by the regions are through East Prince (serves West Prince), Queens and Southern Kings (serves Eastern Kings). In-patient programs are through Prince County Hospital in East Prince (serves West Prince), Queen Elizabeth Hospital in Queens (serves Southern and Eastern Kings as well as all PEI when involuntary admission is necessary) and Hillsborough Hospital in Queens (serves the entire province). The Provincial programs are administered by the Queens Region. The Department provides expert advice, coordination and works with partners to develop policies, standards and public awareness on Mental Health issues.

RESOURCES:

HUMAN	170.9 FTE Regional and Department Staff *These figures do not indicate psychiatrists under fee for service or contract arrangements*		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$10,180,000	$10,206,000	$11,445,000

PROGRAM PERFORMANCE:

Current and planned measures

- Hospitalization rates by diagnosis
- Number of hospital separations
- Average length of hospital stay
- Percentage of psychiatric separations of all hospital separations
- Number of referrals for depression
- Numbers of seniors referred
- Number of psychiatric consultations, including the use of the telehealth
- Wait times from referral to treatment for Community Mental Health
- Unit cost of service for institutional services
- Client satisfaction
- Staff satisfaction

OUTCOME INDICATORS:

Current and planned measures

- Functional status (ability to function on a daily basis)
- Number of clients able to maintain work and family commitments while receiving treatment
- Number of clients using early intervention programs compared to the number using in-patient facilities
- Change in symptoms for persons with depression
- Change in quality of life for persons with depression
- Unscheduled re-admissions for persons with depression

SOME RESULTS:

- Increase in referrals of moderately mentally ill (i.e., depression, stress disorders, relationship crisis)
- Increased number of younger children being referred to Children's Mental Health services
- Increased public awareness regarding suicides in youth

Rates from Psychiatric Hospitals, 1995 - 1998

FISCAL YEAR	1995 - 1996	1996 - 1997	1997 - 1998
Separations	314	383	386
Average Length of Stay	75	110	151
% of Psych Separations of All Hospital Separations	1.7%	2.1%	2.1%

(Source: Canadian Institute for Health Information 2000)

OUT - OF - PROVINCE HOSPITAL SERVICES

PROGRAM DESCRIPTION:

Each year a number of Islanders access out-of-province hospital services for highly specialized in-patient and out-patient treatments, procedures and consultations. In an effort to keep costs to a minimum, the Department has an Out-of-Province Liaison Service in Halifax, Nova Scotia which assists patients to return to PEI as quickly as medically possible.

GOVERNANCE/ACCOUNTABILITY:

In order to access out-of-province services, prior approval is required from the Department. Physicians may apply, on behalf of their patients, for prior approval in areas of speciality that are not available on PEI.

RESOURCES:

HUMAN	5.4 FTE Department Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 14,335,000	$ 13,521,000	$ 13,613,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of patient days in out of province hospitals (in-patient and out-patient)
- Number of patients transferred back to PEI
- In-patient days and costs saved by transferring patients back to PEI
- Patient satisfaction

SOME RESULTS:

Out of Province Liaison Program

FISCAL YEAR	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
Number of Patients Transferred back to PEI	202	203	219
In-patient Days Saved	3,066	3,702	3,100*
Costs Saved	$ 2.42 M	$ 2.79 M	$ 2.80 M*

** Estimates as precise numbers are not available due to hospital delays in data reporting*

OUT-OF-PROVINCE PHYSICIAN SERVICES

PROGRAM DESCRIPTION:

This program funds the delivery of medical services provided to Island residents by out-of-province physicians. Services provided by visiting specialists at Island sites are also covered through this program.

GOVERNANCE / ACCOUNTABILITY:

This program is administered by the Department and requires prior approval for non-emergency services. Fees are paid at rates approved by the other provinces' Health Care Plans and are billed through the Inter-provincial Reciprocal Billing Agreement. The visiting specialists to the province are paid on a sessional basis.

RESOURCES:

HUMAN	4.2 FTE Department Staff			
FINANCIAL	**1997 - 1998**	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 2,875,000	$ 3,185,000	$ 3,209,000	$ 3,531,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number and type of out-of-province physician referrals
- Number and type of visiting physician specialists

SOME RESULTS:

FISCAL YEAR	1997 - 1998	1998 - 1999	1999 - 2000	2000 - 2001
Number of Out-of-Province Referrals	2,361	2,439	2,330	2,724

- **Number of Visiting Specialists:** 22 (2 on a casual/relief basis)

PHYSICIAN SERVICES

PROGRAM DESCRIPTION:

The In-Province Physician Services Program is responsible for the payment of physician services including the administration of various payment modalities.

GOVERNANCE / ACCOUNTABILITY:

The Program is delivered by the Department in consultation with the five Regional Health Authorities. Physician numbers are controlled by adherence to regional complements as recommended by the Physician Resource Planning Committee.

RESOURCES:

HUMAN	11.7 FTE Department Staff		
FINANCIAL	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 32,520,000	$ 33,300,000	$ 35,285,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of approved physician positions
- Number of filled physician positions
- Number of physicians recruited
- Number and type of practice changes by physicians eg. interdisciplinary team approach

PHYSICIAN COMPLEMENT

As of March 2001

	Physician Resource Planning Committee Approved Complement	Filled Positions (Full-Time Equivalent)
Family Practice	75	70.5
Addiction Services	2	1
Emergency Room Physicians	8	8
SPECIALITIES		
Anaesthesia	9	8
Dermatology	1	1
Internal Medicine	10.2	9.2
Neurology	1	1
Obstetrics/Gynecology	8	6
Ophthalmology	4	3.3
Otolaryngology	3	2
Pediatrics	7	6
Psychiatry	10	5.4
Surgery: General	7	7
Orthopedic	3	3
Plastics	2	1
Urological	2	3*
Physical Medicine	1	0
Oncology**	2.7	2.7
Radiology	7.5	5.7
Lab. Physicians		
Pathology	4	3
Microbiology	1	1
Hematology	0.5	0.5
TOTALS	168.9	147.3

* *Succession plan in effect - count as 2.*

** *Includes Medical and Radiation Oncology*

Note1 : Medical Services were also provided by 33 locums (non complement physicians), 15 of whom were specialists.

Note 2: Medical services were also provided by 12 part-time physicians

SENIORS HOUSING

PROGRAM DESCRIPTION:

Senior Citizens Housing projects are located in 38 communities across the province and provide apartment style, self-contained rental units to low and moderate income seniors who are unable to meet their housing needs independently. Another form of subsidized housing for seniors is a Garden Suite. These are one bedroom units placed on the property of a host family and when no longer required by the tenant are easily portable to another site. The rent for either form of seniors housing is 30% of income.

GOVERNANCE / ACCOUNTABILITY:

The Regional Health Authorities are responsible for the overall management of these properties. The Department is responsible for ensuring the fulfilment of federal-provincial agreements in the housing field and liaison with the federal government.

RESOURCES:

HUMAN	13.5 FTE Regional and Department Staff *Some of these positions also work in part in Family Housing*			
FINANCIAL	**1997 - 1998**	**1998 - 1999**	**1999 - 2000**	**2000 - 2001**
EXPENDITURE	$ 6,160,000	$ 6,230,000	$ 6,430,000	$ 6,680,000

PROGRAM PERFORMANCE:

Current and planned measures

- Number of units
- Number of placements
- Number of new applications
- Number of seniors on waiting lists

SOME RESULTS:

- Incremental decrease in number of seniors accessing low income supplement programs
- Generally stable vacancy rates across the Island, except in two communities (Kinkora and New London) where chronically high vacancy rates have necessitated a housing needs assessment and options for use will be considered

Seniors Housing 1997 - 2001

FISCAL YEAR	1997 - 1998	1998 - 1999	1999 - 2000	2000 - 2001
Units*	1,176	1,176	1,176	1,176
Placements	194	195	172	193
New Applications	195	248	206	209
Waiting Lists	301	273	297	252

** Portfolio comprised of 1,170 Senior Citizens Units and 6 Garden Suites*

Appendix "A"

Division of Vital Statistics
2000-2001

The Office of Vital Statistics is responsible for the collection, registration, maintenance and dissemination of vital event information for the Province, this includes: births, deaths, marriages, adoptions, divorces, stillbirths and change of name. The office also issues marriage licenses and registers clergy for the purpose of performing the marriage ceremony. The Vital Statistics program provides services to the public and a wide variety of stakeholders. Vital event information serves several purposes. For example, the birth registration process is the first official step in a person's right to a legal identity and is the country's first official recognition of a person's existence. Birth certificates are issued from the registration process and are a primary source of legal status or identity. They are required by most government and private organizations for such things as determining a person's eligibility for programs, benefits, services and identification for travel outside the country. Vital event data is also required by all levels of government and the private sector for demographic purposes and for effective and efficient public administration. Another significant purpose of Vital Statistics data is that it is used to support a national, and a provincial statistical system, both for population information and health information. This information is used by researchers, and health planners in particular, for determining the population's health and necessary health services.

The Vital Statistics office is located in Montague with a branch office in Charlottetown, with a wide
range of services being offered to the public. The collection of registration is decentralized to 19 population centres. Deputy district registrars forward registrations to the Director of Vital Statistics for verification, processing and permanent filing. Provincial, national and international standards, are required for these procedures as information is provided to Statistics Canada for further processing and reporting to the World Health Organization (WHO) where the data is tabulated and reported worldwide.

The office administers the *Vital Statistics Act*, as well as the *Change of Name Act*, the *Marriage*
Act and ensures the effective recording of court orders issued under the *Adoption Act* and the *Child Status Act*.

Appendix "A" (cont'd)

REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED
(These figures are based on the calendar year)

REGISTRATIONS ACCEPTED UNDER THE VITAL STATISTICS ACT:

	1999	2000
Birth registrations	1,493	1,416
Marriage registrations.	931	973
Death registrations.	1,106	1,208
Stillbirth registrations	6	4
Adoptions registration	37	20
Divorce decrees.	290	286
Delayed registrations	10	6
TOTAL REGISTRATIONS RECEIVED	**3,873**	**3,913**
Amendments of birth registrations due to marriage	63	53
Amendments/modification to registrations	646*	5,115*
Changes of name recorded under *Change of Name Act*	41	47

CERTIFICATES ISSUED UNDER *VITAL STATISTICS ACT*

Birth (short form or wallet size)	4,920	5,857
Birth (long form).	694	394
Marriage	442	409
Death.	125	161
Total certificates	6,181	6,821
Marriage Licenses issued under the *Marriage Act*	931	963

* Includes amendments completed for maintenance of Statistics Canada records (no fees).

Note: Some of the numbers for 1999 registrations have been adjusted from last year's Annual Report due to delayed registrations.

Appendix "A" (cont'd)

VITAL STATISTICS
PRINCE EDWARD ISLAND 1995 - 1999

	1995	1996	1997	1998	1999
Population	136.1	137.3	137.2	137	137.6
Live Births by Residence*	1,754	1,694	1,591	1,506	*
Rate per 1000	12.9	12.3	11.6	11	*
Live Births by Occurrence	1,746	1,663	1,570	1,476	1,493
Rate per 1,000 Population	12.8	12.1	11.4	10.8	10.8
Deaths by Residence	1,155	1,268	1,030	1,228**	*
Rate per 1,000 Population	8.5	9.2	7.5	9	*
Deaths by Occurrence	1,142	1,252	1,023	1,164	1,106
Rate per 1,000 Population	8.4	9.1	7.5	8.5	
Natural Population Increase	599	426	561	278	*
Rate per 1,000 Population	4.4	3.1	4.1	2.02	*
STILLBIRTHS					
20wks to 27wks gestation***	3	2	0	0	0
Rate per 1,000 births	1.7	1.5			
28+ weeks gestation	10	5	4	3	6
Rate per 1,000 live births	5.7	3.6	2.5	2.03	4.01
Marriages	871	924	876	882	931
Rate per 1,000 population	6.4	6.7	6.4	6.4	6.8
Divorces	261	220	243	309	290
Rate per 100,000 population	191.7	160.2	177.1	225.5	210.7

* Live Births by Residence are not available at this time.
* Deaths by Residence are not available at this time.
* Natural Population Increase is based on Live Births by Residence and Deaths by Residence.
* Rate per 1,000 Population is based on Live Births by Residence and Deaths by Residence.
** Based on available data.
*** Changed from 22 to 20 wks in 1999.

Appendix "B"

Welfare Assistance Program 2000-2001

The Welfare Assistance Program has as its primary objectives: the provision of services to prevent social dependency, the provision of cash and non-cash benefits to those in need, and the provision of restorative and rehabilitative services to assist in developing increased self-sufficiency.

Attention continues to be focussed upon employability assessments and case plans which may include training, job placements, wage subsidies, job search skills, life skills, literacy training, adult basic education, etc. These interventions, along with the introduction of other support services such as the Family Health Benefit Program, Family Support Orders Program, Enhanced Day Care Subsidies, Employability Assistance for People with Disabilities have all contributed to individuals and families reaching a greater level of independence.

Improvements in the Financial Assistance program this past year have included an increase of $10 per day in the per diem rate for subsidized clients in community care facilities, the introduction of a local travel allowance of $14 per household per month and a new Healthy Child Allowance of $14 per child per month.

In conjunction with the Response to Woman Abuse Policy and Protocol Initiative, hospital emergency staff, and justice service providers, Income Assistance staff developed and implemented a protocol for responding to victims of family violence through the Financial Assistance program.

Welfare Assistance Clients 1993-2001

FISCAL YEAR	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01
Average Monthly Cases	6,207	6,103	5,741	5,562	5,465	5,143	4,668	4,213
% Change	+ 6.4%	- 1.7%	- 5.9%	- 3.1%	- 1.7%	- 5.9%	- 9.2%	- 9.75%
Total Program Costs	$ 45.5M	$ 42.9M	$ 40.0M	$ 38.6M	$ 38.3M	$35.9M	$ 31.4M	$ 30.3M
% Change	+ 6.3%	- 5.8%	- 6.8%	- 3.5%	- 0.8%	- 6.2%	- 12.5%	- 3.5%

** If an appellant does not appear for the hearing, the appeal is dismissed/denied*

Appendix "B" (cont'd)

Family Support Orders Program

The Family Support Orders Program provides legal services to clients to help them achieve court ordered agreements for maintenance and child support from non-custodial parents. The results of this service are as follows: ongoing financial aid to clients once they are no longer receiving benefits from the Financial Assistance program, a reduction in benefit levels required while on assistance, and an overall reduction in the number of families requiring assistance on an ongoing basis. During the year 2000, this program directly contributed to 70 families achieving financial independence and a reduction in program expenditures of $330,252.

Employment Enhancement /Job Creation Programs

The Employment Enhancement and Job Creation Programs continue to work closely with Human Resources Development Canada to create opportunities for active participation in the labour force. Greater effort has been focussed upon services to clients with multiple barriers to employment including enhanced assessments of clients needs and referrals to adult basic education programming.

These combined actions contributed to the following results in fiscal year 2000-2001:

- A decrease in the Welfare Assistance caseload of 9.75% (455 cases) from the previous year.
- A decrease in Welfare Assistance expenditures of 3.5% from the previous year.

Job Creation / Employment Enhancement Programs 1993-2001

FISCAL YEAR	NO. OF PLACEMENTS	EXPENDITURES
2000 - 2001	2.549	$ 1.8 M
1999 - 2000	1.760	$ 1.9 M
1998 - 1999	2.053	$ 1.8 M
1997 - 1998	1.015	$ 1.4 M
1996 - 1997	833	$ 1.5 M
1995 - 1996	793	$ 1.2 M
1994 - 1995	426	$ 0.9 M
1993 - 1994	447	$ 1.1 M

Appendix "B" (cont'd)

Job Creation/Employment Enhancement Programs Activity by Region in 2000-2001

REGION	NO. OF PLACEMENTS	EXPENDITURES
West Prince		
EEP	28	33,033
EEP- no cost to region	113	-
JCP	62	144,640
Total	**203**	**$ 177,673**
East Prince		
EEP	70	20,000
EEP - no cost to region	261	-
JCP	130	179,004
Total	**461**	**$ 199,004**
Queens		
EEP	59	118,973
EEP - no cost to region	607	-
JCP	405	973,690
Total	**1071**	**$ 1,092,663**
Southern Kings		
EEP	22	8,600
EEP - no cost to region	391	-
JCP	145	203,720
Total	**558**	**$ 212,320**
Eastern Kings		
EEP	23	5,805
EEP - no cost to region	153	-
JCP	80	118,875
Total	**256**	**$ 124,680**
TOTAL	**2549**	**$ 1,806,340**

Appendix "B" (cont'd)

Welfare Assistance Appeals Board

From April 1, 2000, to March 31, 2001, there were 74 appeals heard. Of the 74 appeals heard, 47 were denied, 16 were granted and 11 were dismissed because of non attendance. There were three requests for a review of the decision made by the Director. The decision of all three reviews remained the same.

There were four requests for Judicial Review filed with the court. Two are completed, one was withdrawn and one is still pending. Of the two reviews that were completed, one decision of the Appeals Board was upheld and the other decision was a split decision where part of the decision of the Appeals Board was upheld and part of the decision by the Appeals Board was denied as that part was contrary to the *Welfare Assistance Act.*

Total expenditures for honorariums, travel, office supplies, telephone and legal was $57,174

Welfare Assistance Appeals Board Activity by Region in 2000 - 2001

REGION	APPEALS RECEIVED	APPEALS DENIED	APPEALS GRANTED	*NO SHOWS / DISMISSED
West Prince	3	1	2	0
East Prince	15	8	3	4
Queens	48	33	8	7
Southern Kings	3	3	0	0
Eastern Kings	5	2	3	0
Total	**74**	**47**	**16**	**11**

* *If an appellant does not appear for the hearing, the appeal is dismissed/denied.*

FINANCIAL STATEMENTS

FINANCIAL STATEMENTS

Financial Summary

	2000-2001 Estimates	2000-2001 Actuals	Variance
EXPENDITURES			
Department Management / Services			
Corporate Services	1,050,300	1,180,400	(130,100)
Office of the Chief Health Officer	638,000	550,700	87,300
Medical Services	38,294,600	40,627,800	(2,333,200)
Finance and Administration	8,660,500	8,333,400	327,100
Health Informatics and Vital Statistics	4,612,800	4,574,000	38,800
Acute and Continuing Care	21,677,900	22,205,400	(527,500)
Public Health and Evaluation Services	1,556,300	1,379,600	176,700
Child, Family and Community Services	6,557,400	6,145,800	411,600
Total Department Management / Services	**83,047,800**	**84,997,100**	**(1,949,300)**
Regionally Delivered Services	**234,084,400**	**243,407,700**	**(9,323,300)**
Total Department of Health and Social Services	**317,132,200**	**328,404,800**	**(11,272,600)**
East Prince Health Facility	**9,000,000**	**5,894,900**	**3,105,100**
Total Health and Social Services	**326,132,200**	**334,299,700**	**(8,167,500)**
REVENUES			
Department Management / Services			
Federal	3,846,600	4,472,200	625,600
Licenses and Permits	93,800	87,400	(6,400)
Fees and Services	214,800	1,366,900	1,152,100
Sales	200,000	137,800	(62,200)
Investments	750,000	728,500	(21,500)
Total Department Management / Services	**5,105,200**	**6,792,800**	**1,687,600**
Regional Revenues	**16,815,900**	**19,803,400**	**2,987,500**
Total Health and Social Services	**21,921,100**	**26,596,200**	**4,675,100**

FINANCIAL STATEMENTS (Cont'd)

FINANCIAL STATEMENTS

Major Program Area Expenditures

	1998/99	1999/00	2000/01
Health Care			
Hospital Services	101,580,600	103,978,300	107,951,000
Physician Services	35,705,600	36,508,700	38,865,400
Blood Services	3,553,500	2,665,000	3,354,500
Ambulance Services	2,355,900	2,232,300	3,515,600
Home Care	5,132,500	5,789,800	6,225,400
Continuing Care	31,052,200	33,967,100	35,792,500
Provincial Pharmacy	10,785,300	12,328,800	14,380,400
Mental Health	10,180,400	10,205,900	11,444,700
Public Health Nursing	1,914,200	2,111,900	2,245,200
Addiction Services	3,988,400	4,544,900	5,439,800
Dental Public Health	2,059,700	2,106,000	2,315,500
East Prince Health Facility	344,900	2,244,100	5,894,900
Other Programs	14,488,100	18,841,600	23,295,800
Total Health Care	**223,141,300**	**237,524,400**	**260,720,700**
Social Services			
Child & Family Services	58,707,900	56,453,500	56,880,700
Job Creation	2,826,900	2,329,800	2,345,200
Social Housing	9,119,400	9,178,200	9,126,500
Grants - Non Gov't Organizations	5,479,600	5,066,700	5,226,600
Total Social Services	**76,133,800**	**73,028,200**	**73,579,000**
Total Health and Social Services	**299,275,100**	**310,552,600**	**334,299,700**

FINANCIAL STATEMENTS (cont'd)

FINANCIAL STATEMENTS

Major Programs as a Percentage of Total Budget

	1998/99	1999/00	2000/01
Health Care			
Hospital Services	34.0	33.5	32.3
Physician Services	11.9	11.8	11.6
Blood Services	1.2	0.9	1.0
Ambulance Services	0.8	0.7	1.1
Home Care	1.7	1.8	1.9
Continuing Care	10.4	10.9	10.7
Provincial Pharmacy	3.6	4.0	4.3
Mental Health	3.4	3.3	3.4
Public Health Nursing	0.7	0.7	0.7
Addiction Services	1.3	1.5	1.6
Dental Public Health	0.7	0.7	0.7
East Prince Health Facility	0.1	0.7	1.8
Other Programs	4.8	6.0	6.9
Total Health Care	**74.6**	**76.5**	**78.0**
Social Services			
Child and Family Services	19.6	18.1	17.0
Job Creation	0.9	0.8	0.7
Social Housing	3.1	3.0	2.7
Grants - Non Gov't Organizations	1.8	1.6	1.6
Total Social Services	**25.4**	**23.5**	**22.0**
Total Health and Social Services	**100.0**	**100.0**	**100.0**